



**JEFFERSON
COUNTY**

2012 COMMUNITY HEALTH ASSESSMENT





Contributors

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PREPARED BY



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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Profile Report 2012 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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INTRODUCTION



This Community Health Assessment (CHA) provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is the result of a collaborative and participatory approach to community health planning and improvement.

A Community Health Assessment is a collaborative process involving community partners to identify strengths, capacity, and opportunity to better address the many determinants of health. Improving the health of the community is critical to enhancing Jefferson County residents' quality of life and supporting its future prosperity and well-being.

This Community Health Assessment serves to inform the Jefferson County community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Jefferson County as compared to Florida.
- Identification of the current health concerns among Jefferson County residents within the social and economic context of their community.
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Jefferson County.

Four broad focus areas were used in the CHA process:

1. Community Health Status Profile
2. Local Public Health System Assessment.
3. Forces of Change
4. Community Strengths and Themes

DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.floridacharts.com/charts/brfss.aspx>

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

County Health Rankings <http://www.countyhealthrankings.org/#app/florida/2012>

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry

http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Background.htm

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS <http://www.floridacharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA)

<http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

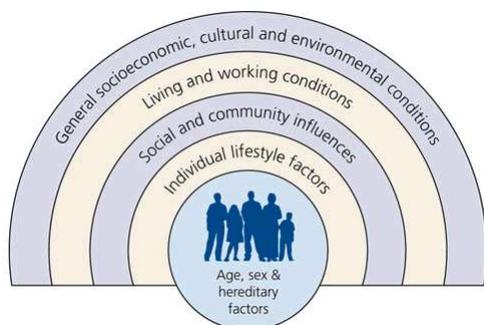
United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>

The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

METHODS

The Community Health Assessment followed the MAPP process to examine the community health status of Jefferson County. Factors at multiple levels were analyzed – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., rural community aspects). Each factor in conjunction with all the others impacts the health of Jefferson County residents. A social determinant of health perspective was adopted to guide the CHA process.

Social Determinants of Health Framework



It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinants of health framework addresses the distribution of wellness and illness within a population. The Jefferson County community represented by the data within this report live and work within an

economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Jefferson County community. The social determinants of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Jefferson County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS), public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital

statistics based on birth and death records.

Qualitative Data

During 2011 to 2012, meetings and workshops were conducted with Jefferson County residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns. A meeting of community health partners determined the strengths, weaknesses, opportunities, and threats (SWOT) within the Jefferson County health care system. A Community Health Survey was administered and 311 residents provided responses. A workshop with 22 community health partners identified strategic priorities and goals for future health improvement activities.

Limitations

Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Jefferson County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one year old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes.

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Jefferson County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.



**JEFFERSON
COUNTY**

**COMMUNITY HEALTH STRATEGIC
PLANNING**



The Community Health Assessment defines the health of a community using a Social Determinants of Health model which recognizes numerous factors at multiple levels impact a community's health. This report serves as the foundation in the final step in the Community Health Improvement efforts – the Action Plan.

SUMMARY FROM MAPP ASSESSMENTS

The key findings from each of the four MAPP assessments are used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Jefferson County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment include:

Community Health Status Profile

- High poverty levels
- Low County Health Ranking outcomes
- Chronic diseases and risks increasing
- High percentage of population that are overweight, obesity, and have diabetes
- Sexually Transmitted Diseases increasing
- High birth rates among teens
- High percentage of deaths/injuries from unintentional injuries
 - High rate of alcohol related motor

Forces of Change Assessment

- Limited health literacy
- High unemployment/lack of jobs
- High poverty levels
- Access to and coordination of health care services
- Chronic diseases and risks increasing
 - High percentage of population that are overweight, obesity,

Local Public Health System Assessment

- ES #3: Inform, Educate, And Empower People about Health Issues
- ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems
- ES # 10: Research for New Insights and Innovative Solutions to Health Problems

Community Themes & Strengths Assessment

- Access to and coordination of health care services
- Limited health insurance
- High usage of Emergency Room
- Limited health care awareness

Strategic Issues

Chronic, Infectious, Preventable,
Controllable Diseases

Limited Educational Resources

Unsafe Practices

Poor Health Behaviors and Healthy
Lifestyle Choices

Limited Healthcare/Limited Access

Maternal & Child Health

Breaking the Cycle

Accountability

STRATEGIC ISSUE 1: Chronic, Infectious, Preventable, Controllable Diseases

Goal: Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.

Strategies:

1. Educate & increase awareness of importance of healthy life styles & change unhealthy behaviors.
2. Provide chronic disease educational classes.
3. Provide sex education to age specific groups.
4. Increase graduation rates from high school.

Chronic illness affects the population worldwide. According to the Centers for Disease Control and Prevention, chronic disease is the leading cause of death and disability in the United States, and accounts for 70% of all deaths in the US. The Health Status profile shows chronic disease affects Jefferson County residents. Most major chronic diseases are affected directly or indirectly by four factors: 1) Tobacco Use 2) Lack of physical activity 3) Excessive Alcohol consumption 4) Poor nutrition. Some specific problem areas under this issue are:

- Diabetes in African Americans is at least five percent higher than the state rate.
- In 2011 deaths from Heart Disease, Heart Attacks, Hypertension, Hypertensive Heart Disease and Heart Failure were higher than the state rate
- Among Jefferson County residents who responded to the 2010 BFRSS survey, the percentage of White males and females and Black females who were obese was higher than the state percentages.

- The rate for Bacterial STDs in women ages 15-34, Chlamydia, and Gonorrhea was higher than the state rate for the same period.

STRATEGIC ISSUE 2: Limited Educational Resources

Goal: All persons in Jefferson County will have access to higher quality education.

- Strategies:**
1. Increase educational services available.
 2. Improve school readiness.
 3. Increase graduation rates from high school.
 4. Improve the quality & accountability of Jefferson County schools.

Many combined factors affect the health of individuals and communities. Education is a determinate of health, low education levels are linked with poor health and more stress in individuals. In Jefferson County 20% of the population age 25 and over did not receive a high school diploma. According to the County Health Rankings data in the Social and Economic category which encompasses, education, employment, income, and safety in a community places Jefferson County 56th out of 67 Florida counties. 45% of respondents in the Community Themes and Strengths survey performed in 2011 said that 'having good schools' is the most important factor of a healthy community.

STRATEGIC ISSUE 3: Unsafe Practices

Goal: All persons living in our community will live in a safe environment.

- Strategies:**
1. Increase enforcement & accountability for moving violations (Motor Vehicle Accidents/speeding).
 2. Educate community to promote safe behavior, including the importance of the use of vehicle safety devices, and farm safety.
 3. Increase awareness & services for victims of neglect (elder, spousal, children).
 4. Work with faith-based organizations to promote safe behavior.

STRATEGIC ISSUE 4: Poor Health Behaviors and Healthy Lifestyle Choices

Goal: Empower people in our community to make healthy choices and live in a healthy community.

- Strategies:**
1. Provide education on healthy nutrition choices.
 2. Increased social support for physical fitness opportunities.
 3. Establish community partnerships to enhance participation of target populations.
 4. Provide affordable fruits & veggies for all families in Jefferson County.

Many poor health outcomes result from unhealthy behaviors including tobacco use, poor nutrition, lack of exercise and excessive drinking. According to the *Comm. Strengths and Themes Survey* Jefferson County residents listed Diabetes, Cancers and high blood pressure as the most important 'health problems in the community these issues can often be prevented if one practices sustainable healthy lifestyle behaviors. According to the *Health Status Profile* deaths from hypertension in Jefferson County residents were over three times higher than that of the state rate. According to the BRFSS survey only 3.7 percent of black females meet vigorous physical activity recommendations compared to the state rate of 18.8%. Education, empowerment and increasing opportunities for citizens to be healthy are strategies the Florida Department of Health in Jefferson County will administer to break down physical, social, and cultural barriers that prevent individuals from making healthy choices in their daily lives.

STRATEGIC ISSUE 5: Limited Healthcare/Limited Access

Goal: All people within our community will have access to quality (safe, effective, people-centered, timely, efficient, equitable) and affordable healthcare and other services.

- Strategies:**
1. Increase (healthcare) services to underserved populations in Jefferson County.
 2. Increase (healthcare) services to underserved populations in Jefferson County.
 3. Determine/evaluate the reasons why Jefferson County residents are not accessing services.

4. Provide transportation to healthcare facilities.

In the *Community Strengths and Themes* survey, when respondents were asked where they take their children in need of medical attention, emergency rooms was the second most popular response, third was the County Health Department. The strategies listed above will encourage residents to utilize primary care services at the health department and local health centers instead of expensive trips to the emergency room.

STRATEGIC ISSUE 6: Maternal/Child Health

Goal: All children born in Jefferson County will be born healthy.

- Strategies:**
1. Provide preconception education to all women of child bearing age.
 2. Educate pregnant women on the importance of maintaining obstetrical care during pregnancy.
 3. Teach parents how to discuss sexuality with their children.
 4. Educate women (girls) on the importance of early prenatal care.
 5. Elect a Board of Education that will support the above strategies.

Some key data regarding Maternal Child Health is listed in the *Health Status Profile*. Infant mortality three-year rates were higher in 2008 to 2010 for Jefferson County as compared to the state rates for all indicators. Teen birth rates are slightly higher than the state rate. The major factors contributing to infant deaths are biological (such as low birth weight or premature delivery), and environmental (such as poverty, smoking, alcohol and drug abuse, poor nutrition). Rates of infant mortality often reflect the health of the mother, the quality and effectiveness of the maternal and infant health care system, and the availability of special support to at-risk mothers and infants. The Florida Department of Health in Jefferson County hopes to increase preconception health within females of childbearing age and increase education and outreach regarding healthy behaviors and abstaining from sex in our youth population.

STRATEGIC ISSUE 7: Breaking the Cycle

Goal: All families and individuals in Jefferson County will live above Federal Poverty level.

- Strategies:**
1. Develop a community- based strategic plan with input from parents, business, government entities and civic organizations to improve the educational system in Jefferson County.
 2. Promote economic development.
 3. Encourage faith-based organizations to promote personal responsibility.
 4. Promote a motivated and prepared workforce.

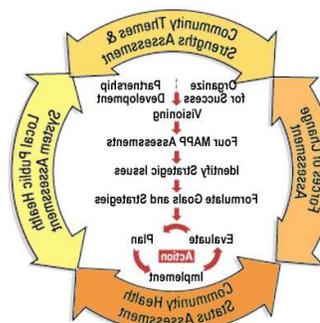
Socioeconomic factors such as poverty play a huge role in the health of individuals and communities. 18.7 % of Jefferson County Residents are living in poverty. 81 % of students in the Jefferson Schools District qualify for the free/reduced lunch program. 26% of Jefferson County's families with related children under the age of 5 are living in poverty, compared to the 22.5% for Florida. When resources are scarce collaboration is key, long term strategies listed above will strive to improve poverty levels in Jefferson County residents.

STRATEGIC ISSUE 8: Accountability

Goal: To have a coordinated system of healthcare and health promotions through collaboration and partnership.

- Strategies:**
1. Develop effective community partnerships.
 2. Seek governmental participation in developing healthcare partnerships.
 3. Develop a social networking campaign.

The next step in the Jefferson County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By understanding that the Jefferson County community's health is affected by where its residents live, work, and play a comprehensive action plan can be developed.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The MAPP model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

It is recommended that the data sources in this report serve as the “measures of success” for the Community Health Improvement Action Plan. Many of the health indicators can be used as baseline and post-implementation evaluation measures for impact. In addition, other county and state successful Health Improvement initiatives can act as “Best Practices” and provide a foundation for the Community Health Improvement Plan’s activities.





**JEFFERSON
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**2012 COMMUNITY HEALTH STATUS
PROFILE**

Florida Department of Health in Jefferson County conducted a Community Health Status Profile in December 2011, and updated the report in September 2012. The goal of this report is to define the current health status of Jefferson County residents, and can be used as a tool for local planners to develop strategies for meeting the health care needs of Jefferson County residents.

POPULATION CHARACTERISTICS

Distribution by Geography

Jefferson County is located in north central Florida, in the panhandle. It is the only county in Florida that extends from the Georgia border to the Gulf of Mexico. Jefferson County is located approximately 25 miles from Tallahassee, the state capital. It is located midway between two major cities, Jacksonville, a major Atlantic port and Pensacola, the largest Gulf port city. The town of Monticello, with just over 3,000 residents, is the county seat.



Jefferson County is a rural county, with a population density of 22 persons per square mile — far less than the Florida average of 296.4 persons per square mile. This classifies Jefferson County as one of Florida's 10 most sparsely populated counties. Jefferson County has three public schools - Jefferson Elementary, serving pre-kindergarten through fifth grade, Jefferson County Middle High School, serving grades 6 through 12, and the Jefferson County Adult Center, which has a GED preparation program - and two private schools, Aucilla Christian Academy, and Monticello Christian Academy which provides instruction from kindergarten through grade 12.



The population of Jefferson County was nearly 15,000 residents in 2010. Approximately, eight percent of residents are retirees. Over 30% of the county workforce commutes outside the county for employment; neighboring counties provide employment opportunities to Jefferson County residents, and many workers cross the state border to work in neighboring Georgia counties. This contributes to Jefferson County's dependence on larger metropolitan areas such as Tallahassee and Thomasville, Georgia for hospitals and specialized health care, consumer durables, automobiles, entertainment and specialized retail purchases. The average annual wage for 2010 was \$28,646.

HEALTH ASSETS AND RESOURCES

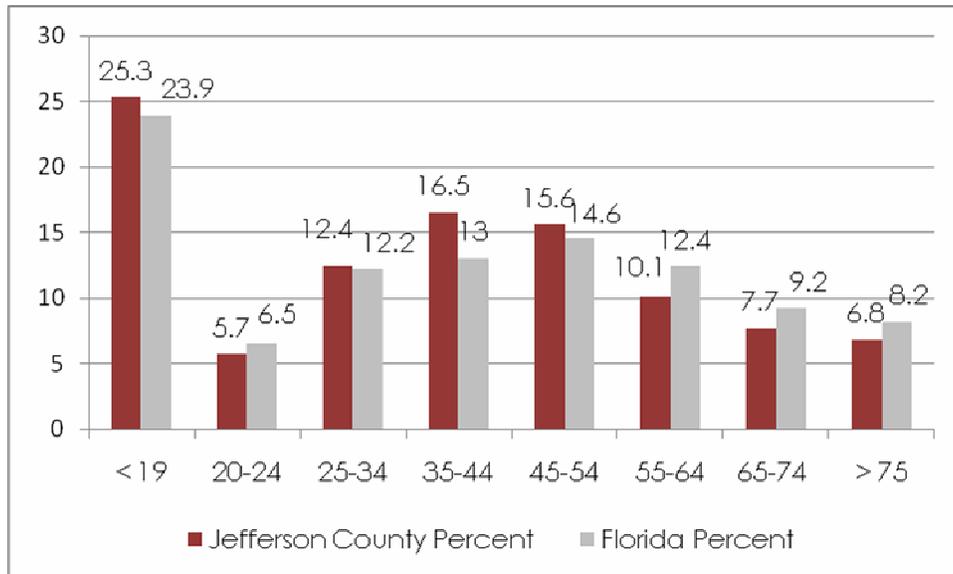
There are a number of physical assets and resources within Jefferson County which can be mobilized to address the health issues identified in the Community Health Assessment. These are summarized in the table below.

<p><u>Schools</u> Jefferson County Elementary Jefferson County Middle High Aucilla Christian Academy Turning Point Monticello Christian Academy Adult Education Center</p>	<p><u>Parks</u> Jefferson County Recreation Park St. Marks Wildlife Refuge Florida National Scenic Trail Boots Thomas Veterans Memorial Letchworth Mounds Archaeological State Park Wacissa Springs Park Aucilla Wildlife Management Area</p>
<p><u>Public Libraries</u> Jefferson County Public Library Wilderness Coast Public Library</p>	<p><u>Recreation Center</u> Jefferson County Recreation Park</p>
<p><u>Dental</u> FL Department of Health in Jefferson; Marcial Lopez DDS Dr. Michael Carney DDS</p>	<p><u>Athletic Fields</u> Jefferson County Recreation Park Old Jefferson County High School</p>
<p><u>Rehabilitation Center</u> Cross Landings Health and Rehabilitation Center Brynwood Center Gerry Medical</p>	<p><u>Recreational Bodies of Water</u> Aucilla River Wacissa River Lake Miccosukee Gulf of Mexico</p>
<p><u>Pharmacy</u> CVS Pharmacy Winn Dixie Pharmacy</p>	<p><u>Walking Trails</u> Letchworth Mounds Archaeological State Park Aucilla Wildlife Management Area Ike Anderson Trail</p>

Age and Sex

Jefferson County's 2011 population was 14,688, according to population estimates provided by the Florida Office of Economic and Demographic Research. The population breakdown in 2010 by age group for Jefferson County compared with the Florida is shown below.

Figure 1. Population by Age Group, County and State 2010.

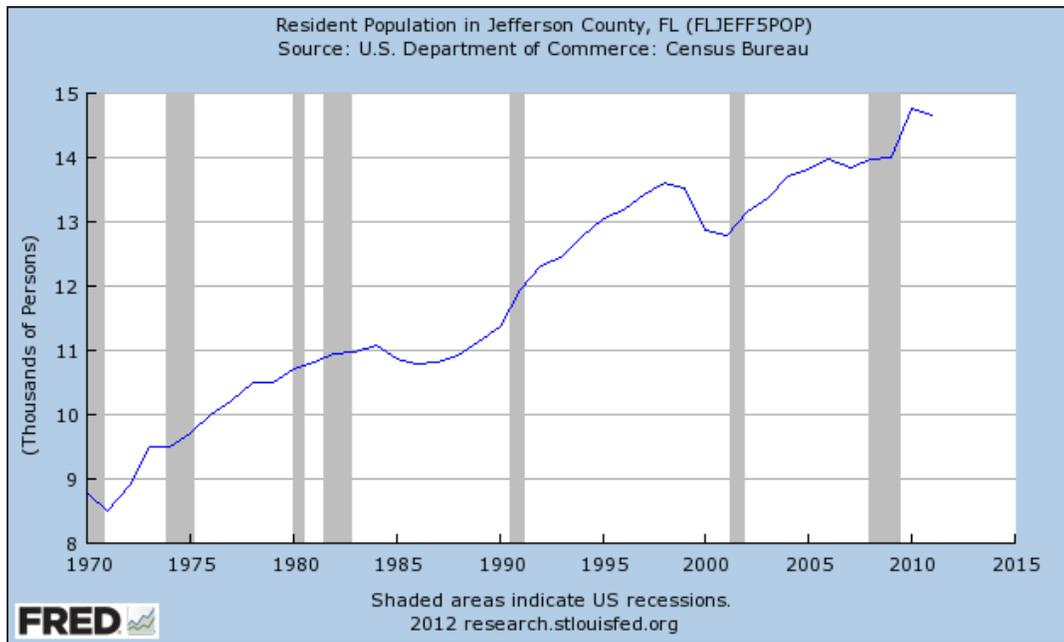


Data Source: U.S. Census 2010

- ❖ Jefferson County's population mirrors Florida's population age distribution across all groupings. The median age for the state is 40.7 years, compared with 39.4 years in Jefferson County.

The *Federal Reserve Economic Research (FRED)* tracks population, unemployment, and other census data trends. Although there have been several drops in population since 1975, there has been a steady increase in the Jefferson County population according to *FRED*. Figure 2 charts this trend in population growth since 1970 for Jefferson County.

Figure 2. Population Trend for Jefferson County, 1970-2012.



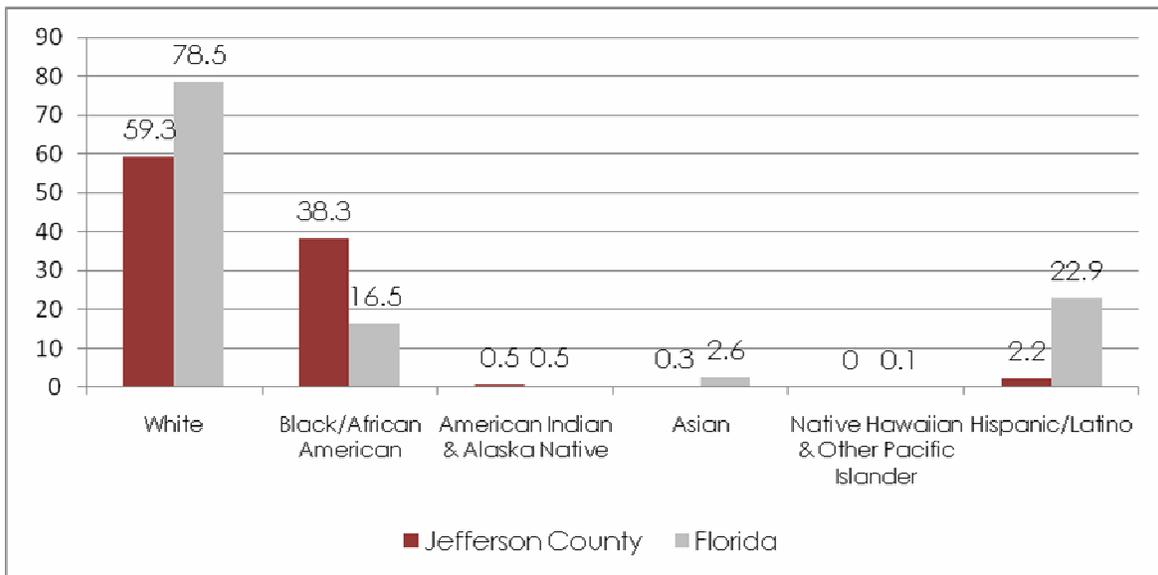
Data Source: Federal Reserve Bank of St. Louis, Economic Research (FRED)

❖ The U.S. Census population projections for 2015 shows a 1.3% increase in population for Jefferson County to 14,959.

Race and Ethnicity

The 2010 U.S. Census data reveals Jefferson County's demographics for race/ethnicity was different than the state population. Jefferson County's population was 59.3% White and 38.3% Black/African American, compared to Florida's population as 78.5% White and 16.5% Black/African American. In addition, Jefferson County had 2.2% of its population designate itself as Hispanic/Latino, while Florida's Hispanic/Latino population made up 22.9% of its total population.

Figure 3. Race/Ethnicity, 2010.



Data Source: 2010 U.S. Census

SOCIAL AND ECONOMIC CHARACTERISTICS

Income and Poverty

The July 2012 *Office of Economic and Demographic Research Report* indicated the average annual wage in 2010 for Jefferson County residents was \$28,646, compared to the state's average annual wage of \$41,570 (see <http://edr.state.fl.us>).

Table 1. Yearly Earnings by Industry, County and State 2010.

	Jefferson County	Florida
All Industries	\$28,646	\$41,570
Natural Resource & Mining	\$29,647	\$24,287
Construction	\$29,797	\$41,088
Manufacturing	\$19,951	\$51,847
Trade, Transportation and Utilities	\$33,821	\$37,111
Information	\$35,628	\$61,487
Financial Activities	\$35,793	\$57,043
Professional & Business Services	\$24,934	\$49,155
Education & Health Services	\$23,991	\$43,685
Leisure and Hospitality	\$11,972	\$21,448
Other Services	\$18,540	\$29,608
Government	\$32,907	\$47,360

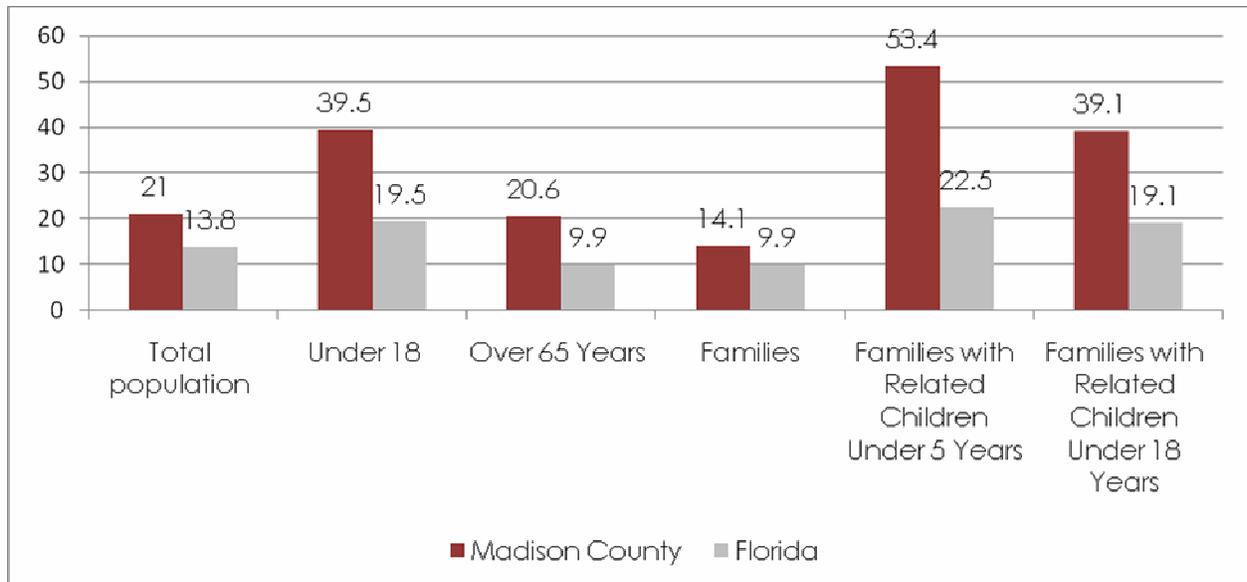
Data Source: Office of Economic and Demographic Research

❖ In Jefferson County, *Government* accounted for 32.3% of the employment. *Trade, Transportation and Utilities* had 20% of the average annual employment, with 10.6% in *Leisure and Hospitality* industry.

Unemployment

The Florida Department of Health provides information about the health of Florida residents in *CHARTS (Community Health Assessment Resource Tool Set)*. The percentage of people living in poverty for Jefferson County as compared to Florida is presented in Figure 4.

Figure 4. Percentage of Population Living Below Poverty Level, 2006-2010.



Data Source: FDOH, CHARTS

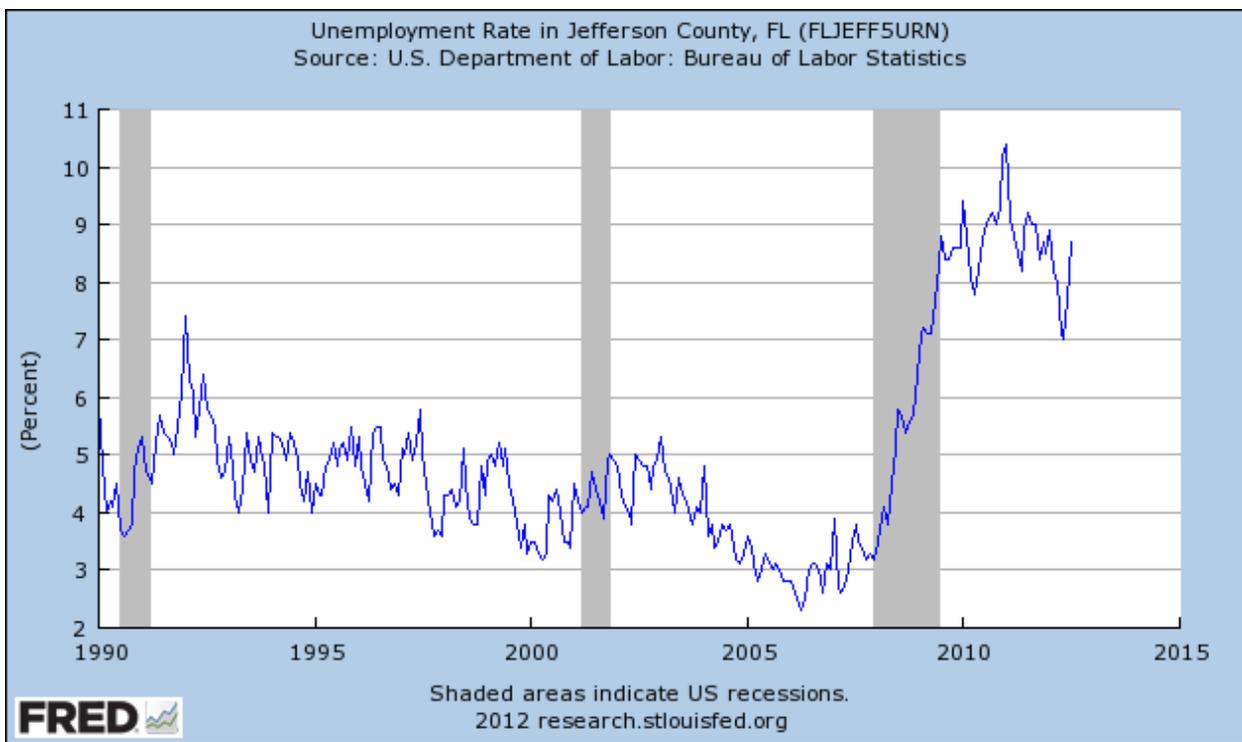
The Florida Department of Education reported there were 834 children in the Jefferson County School District who were enrolled in the 2010-2011 free/reduced lunch program. This represents 81% of the total school enrollment. Black children accounted for 71% of the total children in the free/reduced lunch program.

- ❖ Jefferson County's rates are slightly higher than the state rates for all categories:
- ❖ 23% of the population under the age of 18 is living below poverty level as compared to 19.5% of Florida's population.
- ❖ 26% of Jefferson County's families with related children under the age of 5 are living in poverty, while the rate is 22.5% for Florida.
- ❖ 22% of families with related children under the age of 18 are living in poverty in Jefferson County, compared to 19.1% in Florida.

According to the *Florida Office of Economic Development*, the per capita personal income in Jefferson County is \$28,222, which is lower than the state level of \$38,210. According to the U.S. Census Bureau estimates, 13.5% of households in Jefferson County received food stamp benefits in 2009. This is significantly higher than the state rate of 7.5%.

As of August 2012, the unemployment rate in Jefferson County (8.3%) is lower than the state unemployment rate (8.8%). Figure 5 displays the trend for Jefferson County from 1990 to 2012 (see <http://research.stlouisfed.org/fred2/series/FLJEFF5URN>).

Figure 5. Unemployment rate in Jefferson County, 1990-2012.



Data Source: Federal Reserve Bank of St. Louis, Economic Research (FRED)

HEALTH STATUS

County Health Rankings

The County Health Rankings report, as produced by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, is a snapshot of the health of residents, and is generated by comparing the overall health and the factors that influence health with other counties in the state. Using a three-tiered model of population health improvement, the *County Health Rankings* establishes health outcome measures that describe the current health status of a county.

Jefferson County ranked highest in the *Clinical Care* health factor (37th) and lowest in the *Physical Environment* health factor (66th).

Table 3: Jefferson County Health Rankings, 2010-2012.

County Health Rankings (Rankings based on 67 counties)	2010	2011	2012
Health Outcomes (How healthy a county is)	51	50	46
Health Factors Overall (What influences the health of county)	53	47	55
Health Behaviors (Smoking, diet, exercise, alcohol use)	37	40	43
Clinical Care (Access to care, quality of care)	33	36	37
Social and Economic (Education, employment, income, safety)	54	54	56
Physical Environment (Air quality, built environment)	66	59	66

Source: 2012 County Health Rankings

❖ Jefferson County ranked 46 out of 67 Florida counties. This is an improvement from Jefferson County's 2010 ranking of 51.

Local Public Health System Performance Assessment

The National Public Health Performance Standards Program local instrument was completed in September 2011. The NPHPSP is a partnership effort with community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a state or local community. The *10 Essential Public Health Services* provides the framework for the NPHPSP instrument, and is divided into ten sections (one for each Essential Service). The *10 Essential Public Health Services* are:

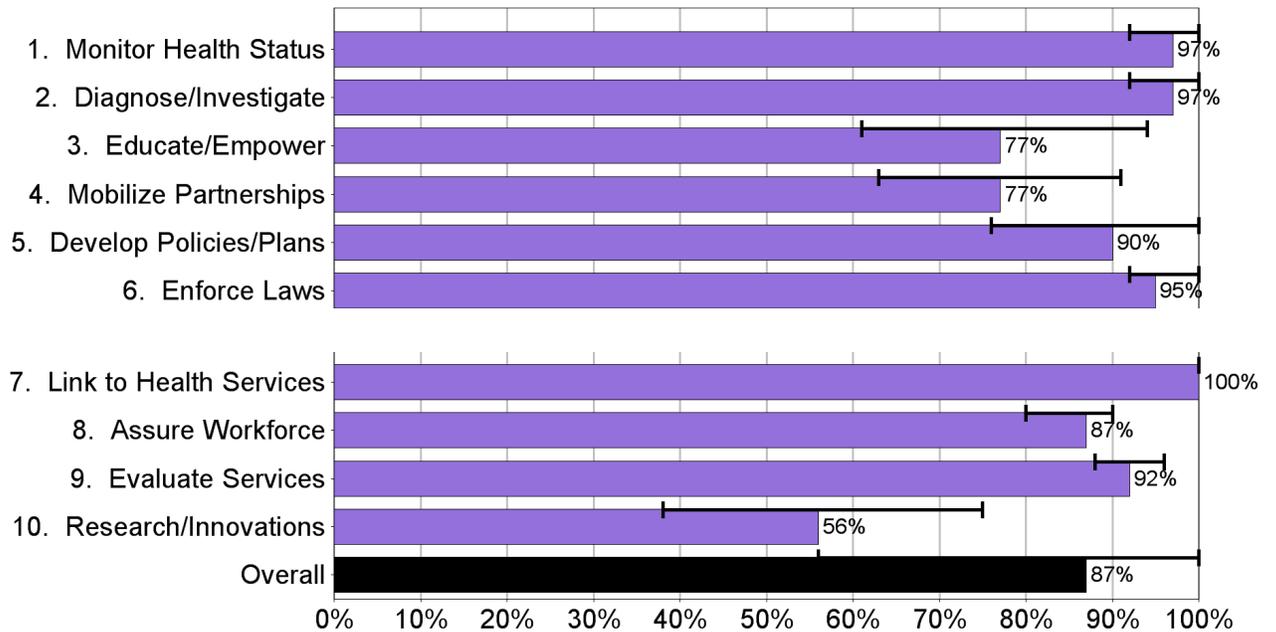
1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a component of public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

The scoring methodology for the LPHPSP is based on a quartile scoring system for each area. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

The Essential Service area that had the lowest performance score was *Research/Innovations* (56%) and the highest performance score was in the area of *Link to Health Services* (100%). The figure on the following page summarizes

the 2011 LPHPSP scores for Jefferson County across the 10 Essential Public Health Services.

Figure 5: Local Public Health Performance Standards Program – Jefferson County



Data Source: Report of Results Local NPSPHP – Jefferson County

❖ The 2011 LPHPSP report indicated the Jefferson County community health programs and services contributed to the provision of the 10 Essential Public Health Services, with an overall score of 86%. This score represents the Optimal Activity level across all 10 Essential Public Health Services.

HEALTH RISK FACTORS

Chronic Diseases

Arthritis

Arthritis and chronic joint symptoms can greatly influence overall physical and mental quality of life. In Jefferson County, 34.4% of adults have been told by a doctor or health care professional that they have some form of arthritis, which is similar to the state rate of 32.0%.

According to the 2010 *Behavioral Risk Factor Surveillance System (BRFSS)* survey, Over one-third (37.7%) of Black females responding to the BRFSS indicated they had been told they have some form of arthritis. These percentages are higher than those for the state. Data for Hispanic/Latino residents was not available for Jefferson County.

Table 5. Selected Arthritis Indicators.

Percentage of Adults* who . . .	White Male		White Female		Black Male		Black Female	
	Jefferson County	Florida						
Have been told they have some form of arthritis (2010 BRFSS).	27.8	30.7	42.3	41.6	NA	20.2	37.7	28.4
Have chronic joint symptoms who saw a doctor or other health professional for joint symptoms (2007 BRFSS).	62.3	72.7	87	76.1	NA	74.5	NA	77.3
Have arthritis or chronic joint symptoms who have ever taken an educational course or class on how to manage problems related to arthritis or joint symptoms (2007 BRFSS).	5.1	8.9	8.8	11.8	NA	13.6	NA	10.1

Data Source: FDOH, BRFSS

* Hispanic/Latino data unavailable.

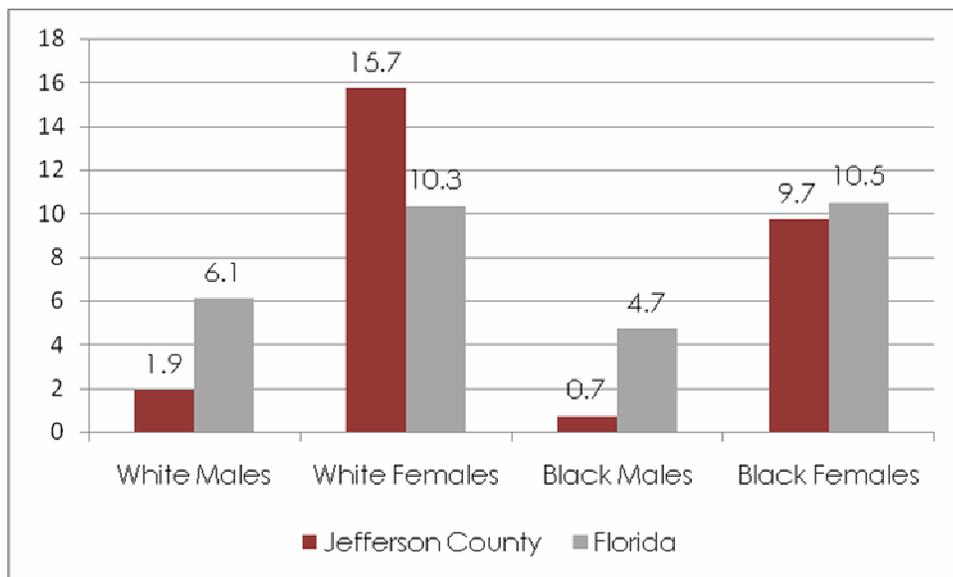
❖ Arthritis and chronic joint symptoms can greatly influence overall physical and mental quality of life.

Asthma

Asthma is a chronic lung disease that is very common in all age groups. It is especially common among children, women, those with lower incomes, and minority populations. Asthma causes breathing problems and is life threatening, but asthma can be managed and controlled with proper treatment.

Among adults in Jefferson County, 9.6% reported having current asthma in 2010; current asthma is defined as answering “Yes” to the lifetime prevalence question and “Yes” to a follow up question on whether or not they still have asthma. The statewide prevalence of current asthma among adults in 2010 was 8.3%.

Figure 7. Percentage of Adults who currently have Asthma, Sex by Race/Ethnicity, Jefferson County and Florida, 2010.

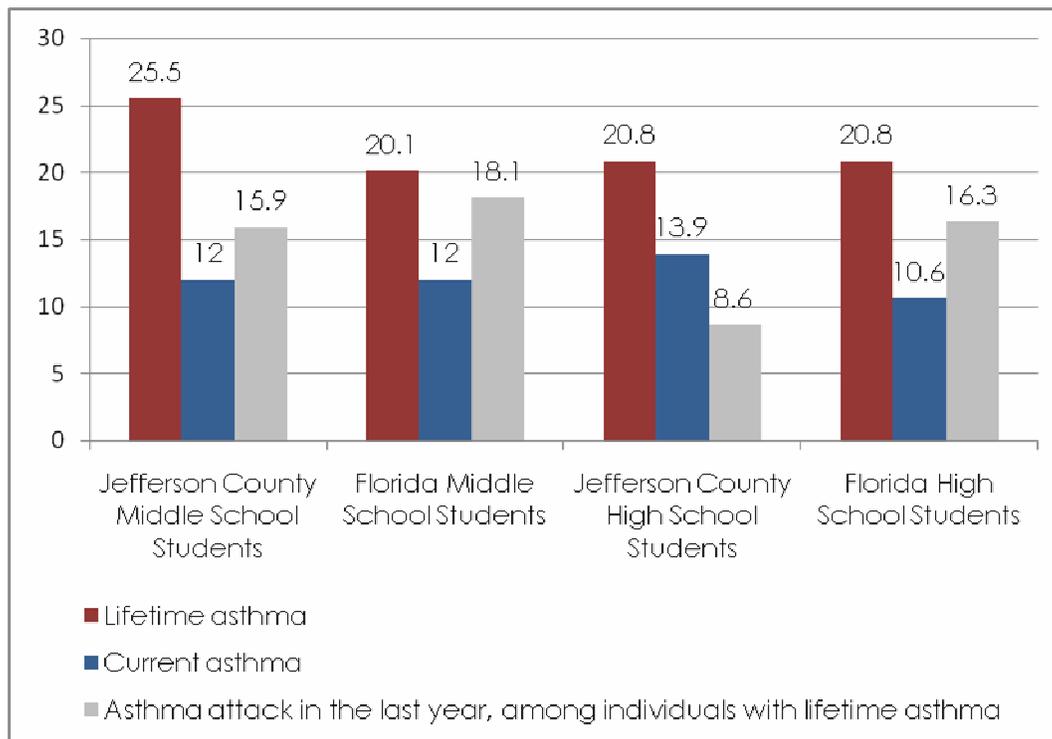


Data Source: FDOH, BRFSS

Asthma (continued)

Figure 8 shows the prevalence of asthma among Middle and High school students. These students have been told that they have asthma at some point in their lives, even if they currently do not have any symptoms. In 2012, 25.5% of Middle school students reported having lifetime asthma, which is above the associated state percentage of 20.1%. Less than one-quarter (20.8%) of High school students in Jefferson County reported lifetime asthma; this is the same percentage as High school students in Florida.

Figure 8: Percent of Middle and High School Students, Asthma Indicators, 2012.



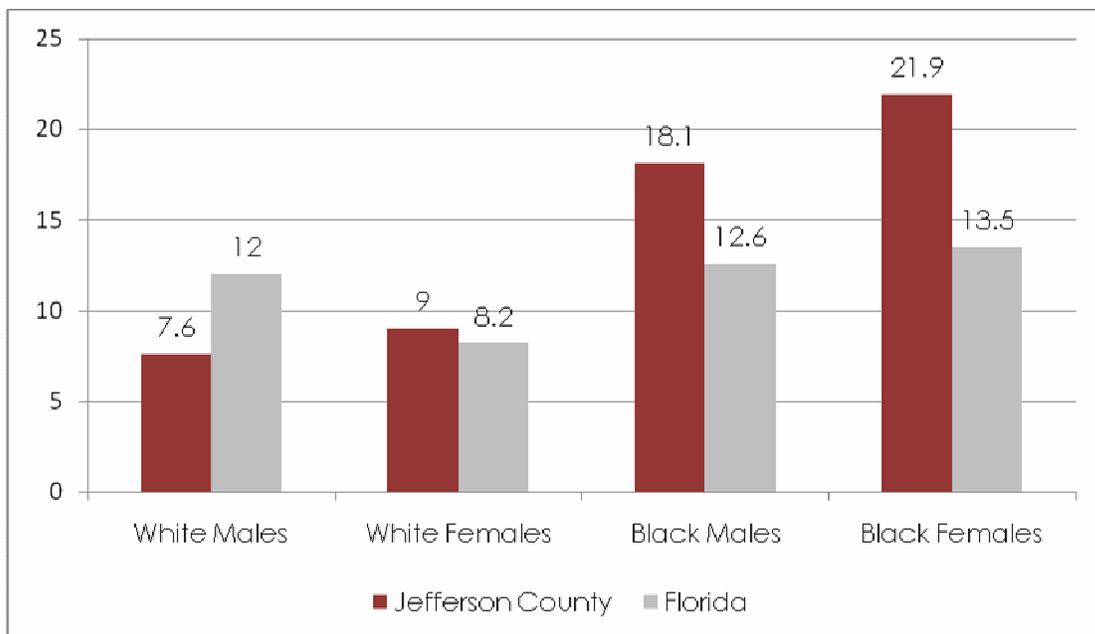
Data Source: Florida Youth Tobacco Survey

Diabetes

Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin resistance, or both.

Overall, the prevalence of diabetes among adults in Jefferson County is higher than the state prevalence (11.9% versus 10.4%). Diabetes in Black females is nearly twice the state rate among adults who responded to the 2010 BRFSS survey. There was no data available for Hispanic/Latino Jefferson County residents.

Figure 9. Percentage of Adults* with Diagnosed Diabetes, Sex by Race/Ethnicity, Jefferson County and Florida, 2010.



Data Source: FDOH, BRFSS

* Hispanic/Latino data was unavailable.

Diabetes was the 8th leading cause of death in Jefferson County for 2011. Table 6 displays the number of deaths and hospitalizations due to diabetes for 2008 to 2010. Jefferson County had fewer deaths due to diabetes than the state rate. There were more hospitalizations from amputation due to diabetes (36.2%) and the percentage of adults diagnosed with diabetes (11.9%) than the state.

Table 6. Diabetes Rates, County and State, 2008-2010

	Years	Average Annual Number of Events	Jefferson County Age-Adjusted Rate*	Florida Age-Adjusted Rate
Deaths	2008-2010	4	18.5	19.6
Hospitalizations	2008-2010	433	2,369.9	2,198
Hospitalizations from amputation due to diabetes	2008-2010	6	36.2	24.7
Percentage of adults with diagnosed diabetes	2010		11.9	10.4

Data Source: FDOH, CHARTS

* All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

❖ **Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.**

Heart Disease and Stroke

Heart disease is the leading cause of death in the United States. The CDC reported that heart disease accounted for one in four deaths in 2008. The *American Heart Association 2011 Heart Disease and Stroke Statistics* report indicated that annually about 785,000 Americans have their first coronary attack. Over 470,000 Americans who have already had one or more coronary attacks have another attack.

In 2011, heart disease was the 2nd leading cause of death in Jefferson County. Table 6 displays the age-adjusted death rate for heart diseases from 2009 to 2011 for Jefferson County in comparison to Florida. For 2011 (the most current data available), Jefferson County had a higher age-adjusted death rate for Heart Disease, Acute Myocardial Infarction, Hypertension and Hypertensive Heart Disease.

Table 6. Single Year, Age-Adjusted Death Rate for Adults (per 100,000 population), County and State, 2009-2011.

Jefferson County			Florida		
2009	2010	2011	2009	2010	2011
Deaths from Heart Disease					
155.3	150.8	204.6	152.8	158.3	153.0
Deaths from Acute Myocardial Infarction (Heart Attack)					
26.7	25.4	53.7	29.2	29.3	27.2
Deaths from Stroke					
18.1	66.8	26.5	30.9	32.0	31.5
Deaths from Heart Failure					
5.5	10.5	20.0	7.9	8.6	8.9
Deaths from Hypertension					
25.0	8.3	24.7	6.9	6.9	6.8
Deaths from Hypertensive Heart Disease					
6.0	3.7	15.8	9.8	10.0	9.6

Data Source: FDOH, CHARTS

* All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

** Mortality rates are considered unstable if they are based on fewer than 5 events or if the denominator (population at risk) is fewer than 20.

Overweight and Obesity

Overweight and obesity are calculated using self-reported height and weight to create a body mass index (BMI) score. A BMI of 25 to 29.9 is overweight, while a BMI of 30 or greater is obese. Among youth, overweight is defined as having a BMI that was greater than the 85th percentile and less than the 95th percentile among students of the same age and gender. Obesity is defined as having a BMI that was greater than the 95th percentile among students of the same age and gender.

Among Jefferson County residents who responded to the 2010 BFRSS survey, the percentage of White males and females and Black females who were obese was higher than the state percentages. The percentage of Jefferson County residents who were overweight was below the state percentages; however, over one-third (36.3%) of White males were overweight. Over one-third (37.6%) of White females had a healthy weight. Table 7 summarizes this data.

Table 7. Prevalence of Overweight and Obesity, County and State, 2010.

	Percentage of Adults who are Obese		Percentage of Adults who are Overweight		Percentage of Adults who have a healthy weight (BMI from 18.5 to 24.9)	
	Jefferson County	Florida	Jefferson County	Florida	Jefferson County	Florida
White Males	34.6	28.6	36.3	45.5	27	25.2
White Females	28.7	21.8	31.1	30.5	37.6	45.1
Black Males	38.9	45.3	31	34.9	19.2	21.1
Black Females	50.3	40.7	31.2	37.5	16.8	29

Data Source: FDOH, BRFSS

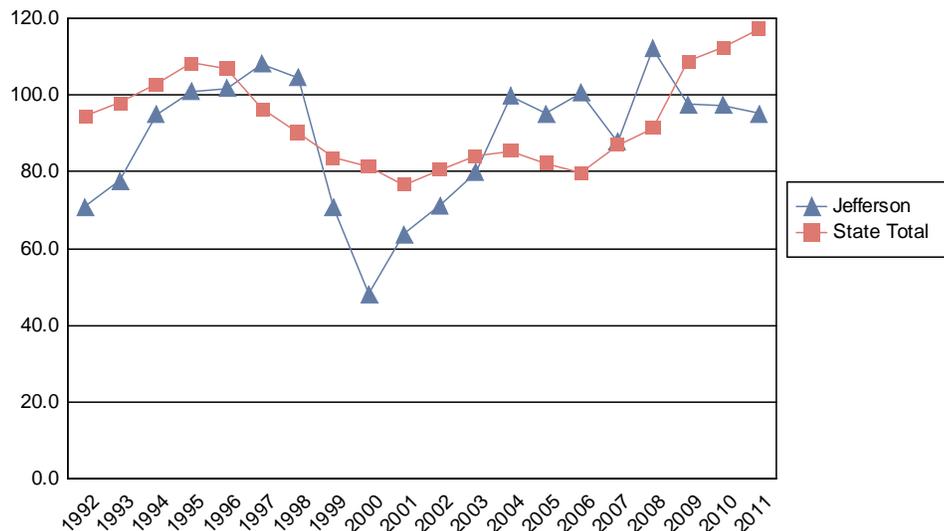
❖ **Being overweight is a risk factor for most cancers, cardiovascular disease, diabetes, high blood pressure, and arthritis.**

Communicable Diseases

Communicable diseases are defined as any infectious disease that is transmissible (as from person to person) by direct contact with an infected individual or by indirect means (as by a vector). Jefferson County is well below the state totals for all reportable diseases for the reporting periods 1991 to 2010.

Despite a peak in 2008, Jefferson County is below the state totals for all reportable diseases for the reporting periods 2009 to 2011. Figure 10 displays the rolling three-year rate per 100,000 residents for Jefferson County as compared to Florida from 1991 to 2011.

Figure 10. Total Reportable Disease Cases, Rolling 3-Year Rate per 100,000 Population, County and State, 1991-2010.



Data Source: Florida Department of Health, Bureau of Epidemiology.

Data Note(s): Includes all reportable diseases. Beginning in 2007, data includes both probable and confirmed cases.

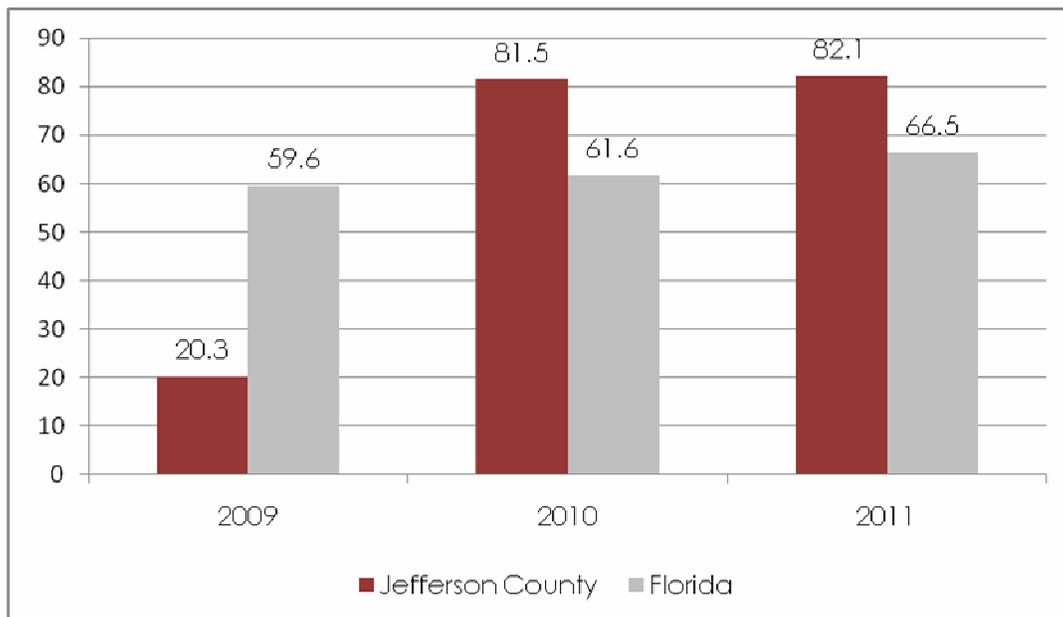
- ❖ **Communicable disease surveillance is an important public health role in Florida. The Florida Department of Health in Jefferson County works with area health care providers in reporting all communicable diseases within the County.**

Enteric Diseases

The National Institutes of Health (NIH) has determined that bacterial and viral infections of the gastrointestinal tract account for a greatly underappreciated burden of morbidity and mortality in the United States

There were no enteric diseases cases in outbreaks in Jefferson County in 2011, but two in 2010 (the most current data available). There was a sharp increase in enteric disease rates in Jefferson County from 2009 to 2011, and the rate per 100,000 persons was higher than the state rate. For both 2010 and 2011, there were 12 enteric diseases each year (see data notes below figure for the enteric diseases reported through FDOH CHARTS). Salmonellosis accounted for the majority of the enteric diseases – 83% in 2011 and 50% in 2010.

Figure 11. Enteric Disease Rates, Jefferson County and Florida, 2009-2011.

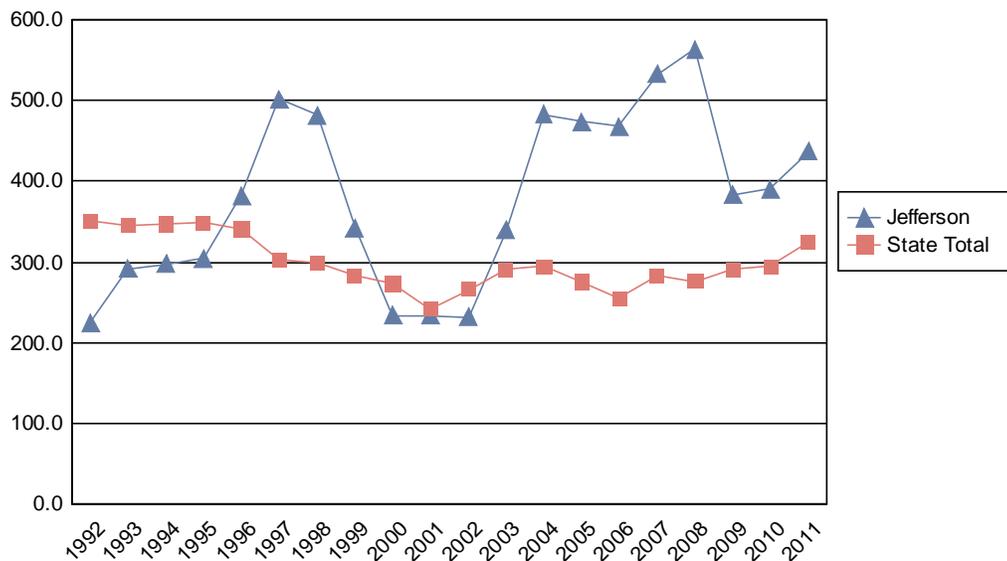


Data Source: FDOH, CHARTS

Data Note(s): Includes: CAMPYLOBACTERIOSIS, CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, E. COLI SHIGA TOXIN + (NOT SEROGROUPED), E. COLI SHIGA TOXIN + (SEROGROUP NON-O157), ENTEROHEMORRHAGIC E. COLI (EHEC), ESCHERICHIA COLI, SHIGA TOXIN PRODUCING, GIARDIASIS, HEPATITIS A, SALMONELLOSIS, SHIGELLOSIS, TYPHOID FEVER. Beginning in 2007, data includes both probable and confirmed cases.

In Jefferson County, the enteric disease cases in children under the age of six were higher than the state average per 100,000 children from 2003 to 2011 (see Figure 12). Although, there was a significant drop in cases from 2008 to 2009, Jefferson County's rate was still higher than the state rate.

Figure 12. Enteric Disease Cases in Children under 6, Rolling 3-Year Rate per 100,000 Population, County and State, 1992-2011



Data Source: FDOH, Bureau of Epidemiology.

Data Note(s): Includes: CAMPYLOBACTERIOSIS, CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, E. COLI SHIGA TOXIN + (NOT SEROGROUPED), E. COLI SHIGA TOXIN + (SEROGROUP NON-O157), GIARDIASIS, HEPATITIS A, SALMONELLOSIS, SHIGELLOSIS, TYPHOID FEVER. Beginning in 2007, data includes both probable and confirmed cases.

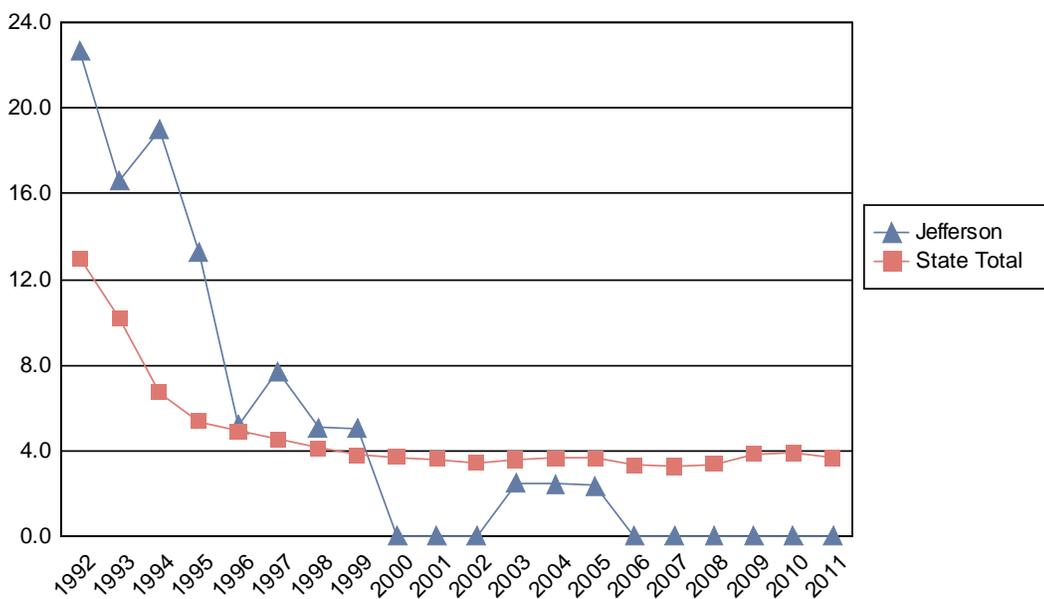
❖ Enteric pathogens cause disease symptoms ranging from mild gastroenteritis to life-threatening systemic infections and severe dehydrating diarrhea.

Vaccine Preventable Diseases

Vaccine preventable diseases include Diphtheria, Haemophilus Influenzae B (HiB), Hepatitis A and B, Measles, Mumps, Meningitis, Pneumonia, Polio, Pertussis, Rotavirus, Rubella, Tetanus, and Varicella.

Despite a peak from 2003 to 2006, Jefferson County has been below the state rate for vaccine preventable diseases since 2000.

Figure 13. Selected Vaccine Preventable Disease Rate for All Ages, Rolling 3-Year Rate per 100,000 Population, County and State, 1991-2010.



Data Source: FDOH, CHARTS

Data Note(s): Includes: DIPHTHERIA, ACUTE HEPATITIS B, MEASLES, MUMPS, PERTUSSIS, RUBELLA, TETANUS, AND POLIO. Beginning in 2007, data includes both probable and confirmed cases.

Sexually Transmitted Diseases

The CDC reports that sexually transmitted diseases (STDs) are among the most common communicable diseases in the United States. In 2011, there were more than 20 identified and reportable STDs that affected more than 13 million Americans.

Jefferson County had a lower rate per 100,000 people for Syphilis cases than the state rate for the 2009-2011 reporting period. The rate for Bacterial STDs in women ages 15-34, Chlamydia, and Gonorrhea was higher than the state rate for the same period.

Table 8. Sexually Transmitted Diseases, Single Year Rates per 100,000 Population, County and State, 2009 to 2011.

	Bacterial STDs (Women 15-34)		Chlamydia		Gonorrhea		Infectious Syphilis	
	Jefferson County	Florida	Jefferson County	Florida	Jefferson County	Florida	Jefferson County	Florida
2009	4411.8	2607.1	588.5	389.7	202.9	111.6	0.0	5.6
2010	4996.5	2600.1	584.1	397	190.2	107.1	0.0	6.3
2011	4778.6	2602.7	520.1	401.3	143.7	104	0.0	6.6

Data Source: FDOH, CHARTS

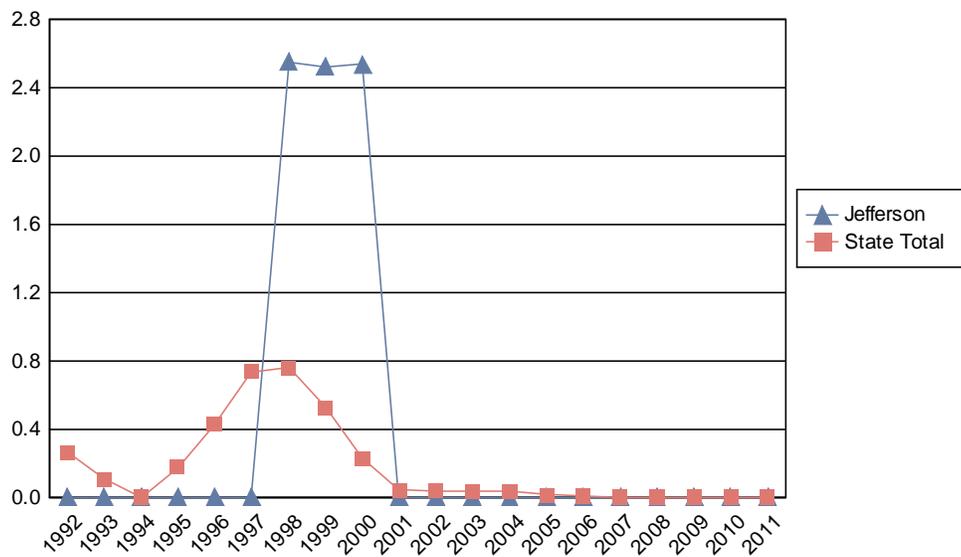
** New testing procedure was used which account for some increase in rate between 2005-2007 and 2008-2010.*

Hepatitis

Hepatitis is a group of viral infections that result in the inflammation of the liver.

Despite a peak from 1997-2001, the number of non-A and non-B hepatitis cases not associated with blood products has been consistently lower in Jefferson County as compared to the state rolling three-year rate per 100,000 population from 1992 to 2011 as displayed in Figure 14.

Figure 14. Hepatitis Non-A, Non-B Not Associate with Blood Products, Rolling 3-Year Rate per 100,000 Population, Jefferson County and State, 1992-2011.



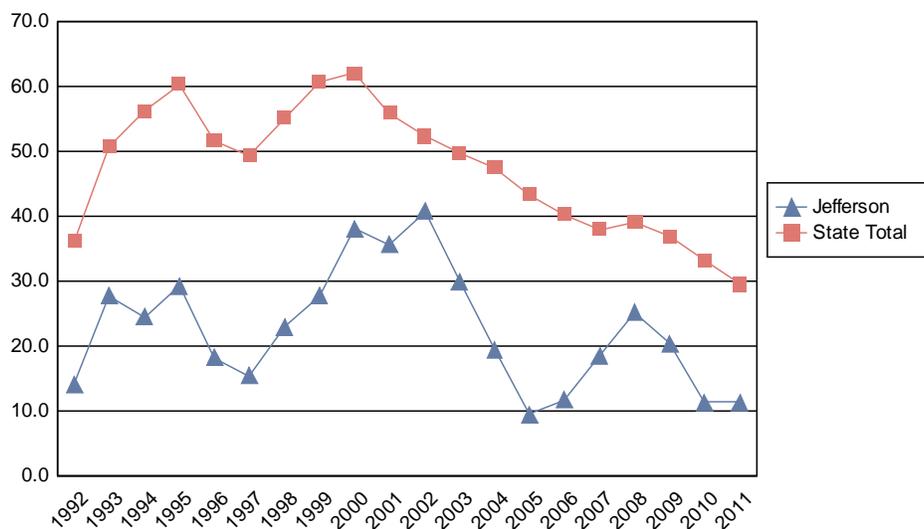
Data Source: FDOH, CHARTS

HIV/AIDS

The Centers for Disease Control and Prevention estimates there are an additional 56,300 new infections each year nationwide. This epidemic remains a public health challenge in Florida. As the number of persons infected each year continues to grow, the state must find the resources to provide ongoing systems of care to meet the needs of persons living with HIV/AIDS.

Jefferson County has shown a lower rate of reported cases from 1992 to 2011, with regards to the number of HIV cases reported to the state. However, the reported cases have fluctuated over this time period as displayed in Figure 14. Jefferson County has not had any HIV/AIDS related deaths since 2008.

Figure 14. HIV Cases, 3-Year Rolling Rate per 100,000 Population, County and State, 2006-2010



Data Source: FDOH, CHARTS

In 2010, 40.4% of Jefferson County adults under the age of 65 had received an HIV test, compared with 48.4% statewide. Only 3.9% of adults under age 65 in Jefferson County had received an HIV test in the past year, compared with 7% statewide.

MORTALITY

Mortality or death rates are key indicators of the health of a community. The Florida Office of Vital Statistics provides data to the Florida Department of Health on a number of mortality rates. The *Florida Community Health Assessment Resource Tool Set (CHARTS)* is an online data system which provides three-year, age-adjusted death rates by cause of death for the state and each of the 67 counties.

The top 10 leading causes of death for Jefferson County are displayed in the following table.

Table 10. Resident Deaths and Age Adjusted Death Rate (AADR) per 100,000 Population by 10 Leading Rankable Causes of Death, County and State, 2011.

	Jefferson County - 2011		Florida - 2011	
	Number of Resident Deaths	Resident Age-Adjusted Death Rate	Number of Resident Deaths	Resident Age-Adjusted Death Rate
1. Malignant Neoplasm (Cancer)	43	217.8	41,221	159.9
2. Heart Diseases	39	204.6	40,522	153
3. Chronic Lower Respiratory Disease (CLRD)	10	50.9	10,241	38.6
4. Unintentional Injury	10	59.8	8,475	40.2
5. Alzheimer's Disease	6	33.3	4,470	16.1
6. Influenza & Pneumonia	6	30.7	2,418	9.2
7. Cerebrovascular Diseases (Stroke)	5	26.5	8,327	31.5
8. Diabetes Mellitus	5	24.6	5,044	19.6
9. Essen. Hypertension & Hypertensive Renal Disease	5	24.7	1,798	6.8
10. Nephritis, Nephrotic Syndrome, Nephrosis	3	14.1	3,041	11.6

Data Source: FDOH, CHARTS

In 2011, malignant neoplasm (cancer) was the leading cause of death in Jefferson County with the age-adjusted death rate of 217.8 higher than the state rate of 159.9. Heart disease was the second leading cause of death in Jefferson County.

A higher age-adjusted death rate for Jefferson County as compared to the state rate, was exhibited for Chronic Lower Respiratory Disease (CLRD), Unintentional injury, Alzheimer's disease, Influenza and Pneumonia, Diabetes mellitus, Hypertension, and Nephritis.

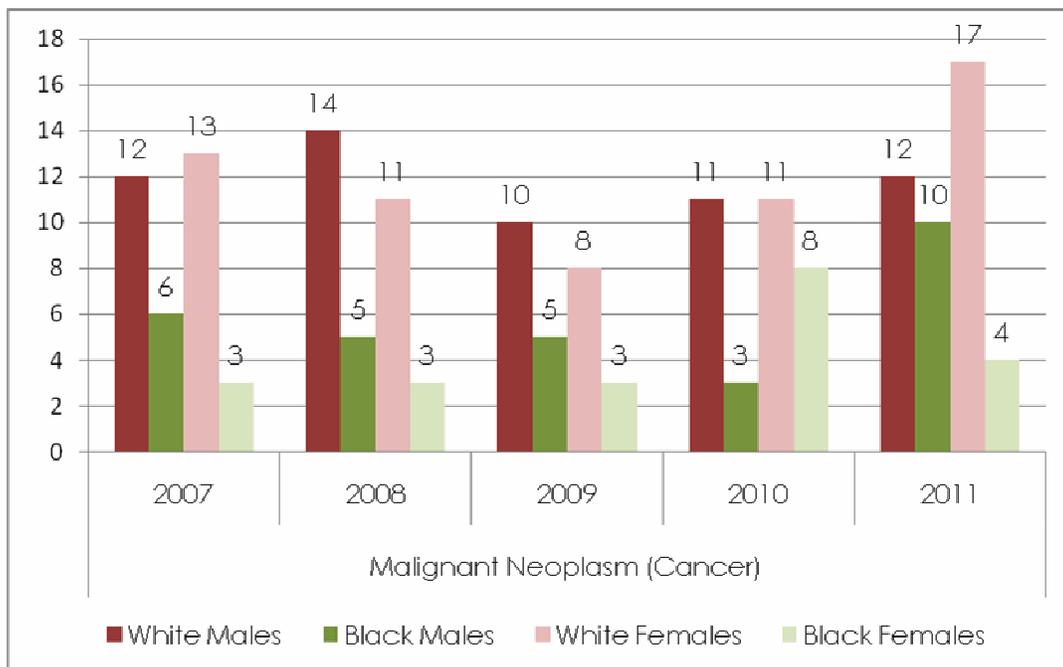
Of particular concern, the age-adjusted death rate for Alzheimer's disease, Influenza and Pneumonia, and Hypertension were over twice as high as the state rate. Table 10 summarizes this data.

Malignant Neoplasm (Cancer)

Malignant neoplasm, known as cancer, represents a broad group of various diseases, all involving unregulated cell growth where cells divide and grow uncontrollably, forming malignant tumors. There are over 200 different known cancers that afflict humans.

Malignant Neoplasm was the leading cause of death in Jefferson County in 2011. The malignant neoplasm death count for Jefferson County residents is displayed in Figure 15, and is delineated by sex and race for 2007 to 2011. The death count from Malignant Neoplasm for White females has doubled since 2009 with 8 deaths to 17 deaths in 2011, and has tripled for Black males from 3 in 2010 to 10 in 2011.

Figure 15. Malignant Neoplasm (Cancer) Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

❖ The Centers for Disease Control and Prevention (CDC) lists cancer as second only to heart disease as the leading cause of death in the United States.

Overall, adults in Jefferson County are very similar to the statewide averages in terms of cancer deaths and incidence of cancer. In some areas of recommended cancer screening tests such as mammograms, Pap tests, and blood stool tests, Jefferson County adults are screening at rates that are the same or better than the state rates. However, one area that could use improvement is the use of a PSA test for prostate screening. It is recommended that men ages 50 and older receive a PSA test every two years.

Table 11. Selected Cancer Indicators

	Jefferson County	Florida
Percent of women ages 40 and older who received a mammogram in the past year, 2010.	59.2%	61.9%
Percent of women ages 18 and older who had a clinical breast exam in the past year, 2010.	62.7%	61.5%
Percent of women ages 18 and older who received a Pap test in the past year, 2010.	58.9%	57.1%
Percent of adults ages 50 and older who received a blood stool test in the past year, 2010.	26.0%	14.7%
Percent of adults ages 50 and older who received a sigmoidoscopy or colonoscopy in the past five years, 2010	57.5%	56.4%
Percent of adults who are current smokers, 2010.	22.9%	17.1%
Percent of men ages 50 and older who received a prostate specific antigen (PSA) test in the past two years, 2010.	63.5%	72.6%
Percent of men ages 50 and older who received a digital rectal exam in the past year, 2010.	46.9%	48.5%

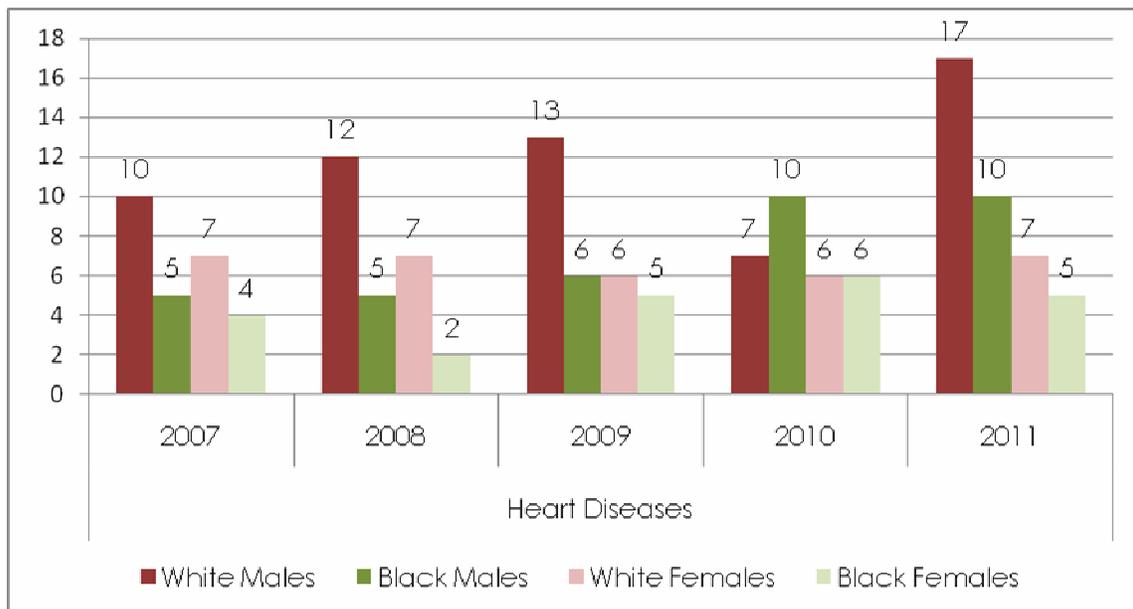
Data Source: FDOH, BRFSS

Heart Disease

Heart or cardiovascular disease is a class of diseases that involve the heart or blood vessels, and refers to any disease that affects the cardiovascular system, principally cardiac disease, vascular diseases of the brain and kidney, and peripheral arterial disease. The causes of cardiovascular disease are diverse but atherosclerosis and/or hypertension are the most common.

There were 39 deaths in Jefferson County in 2011 due to heart disease. Death rates for Black females doubled from 2008 to 2011, from 2 deaths to 5, and for White males from 7 in 2010 to 17 in 2011.

Figure 16. Heart Disease Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

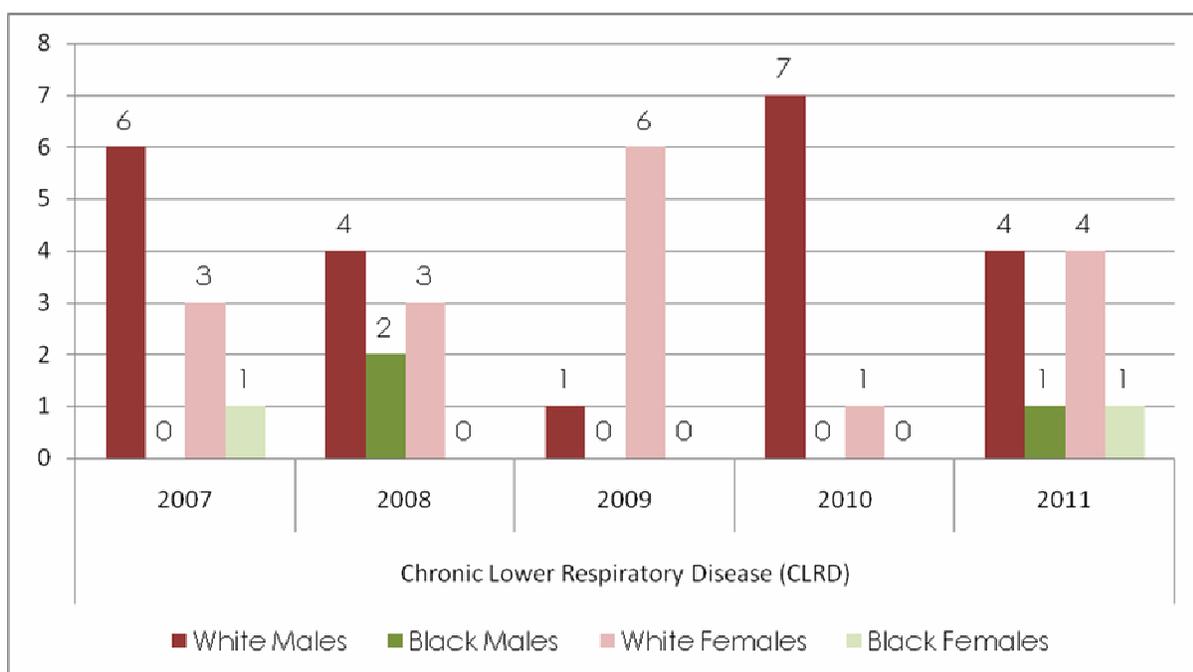
- ❖ **Cardiovascular diseases remain the biggest cause of deaths in Florida and the U.S. Although cardiovascular disease usually affects older adults, the antecedents of cardiovascular disease, begin in early life, making primary prevention efforts critical during childhood. Modifying risk factors, such as healthy eating, exercise, and avoidance of smoking, decreases the incidence of heart or cardiovascular disease.**

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory disease (CLRD), sometimes called chronic obstructed pulmonary disease (COPD), is the third leading cause of death in Jefferson County and fourth in the U.S. Emphysema, chronic bronchitis and other respiratory illnesses are all grouped together under the name CLRD.

In Jefferson County, the death rates have gone down for White males from 2010 to 2011. There was an increase in death rates from CLRD for White females from 1 in 2010 to 4 in 2011. The death rates for Black females have been stable.

Figure 17. Chronic Lower Respiratory Disease (CLRD) Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

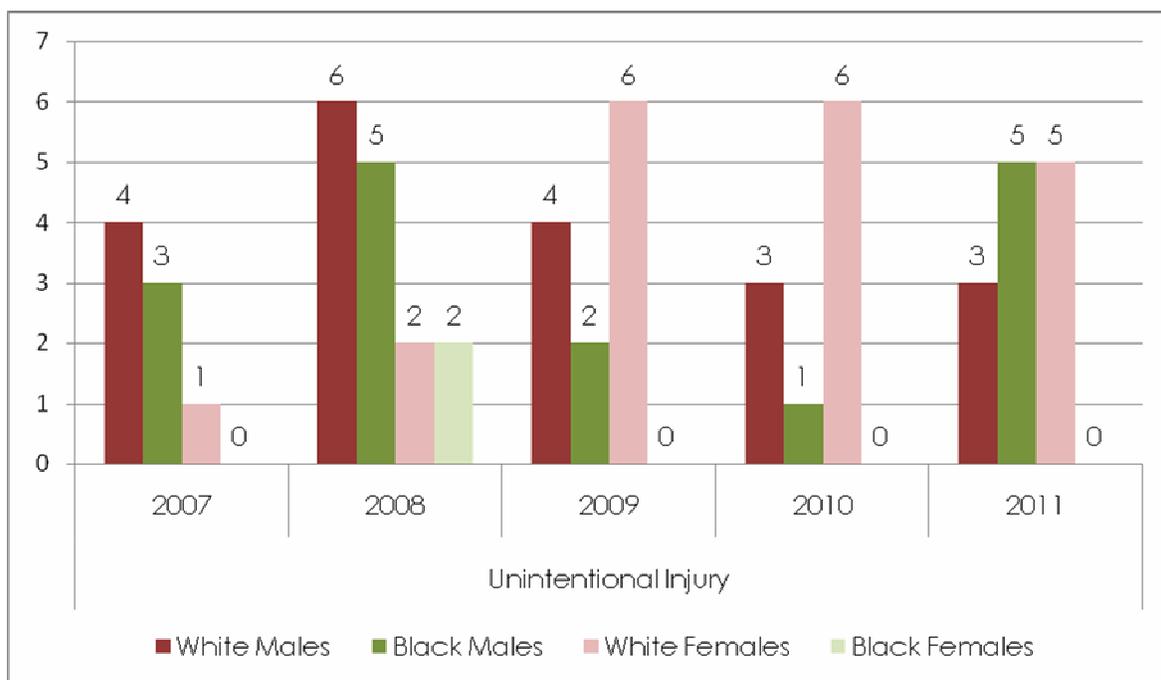
❖ The Centers for Disease Control and Prevention reports that cigarette smoking is the major cause of CLRD illnesses, accounting for about 80% of all deaths in the United States.

Unintentional Injury

In 2011, death from unintentional injury was the fourth leading cause of death among Jefferson County residents. The Department of Health and Human Services defined death from unintentional injury as “unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen” (2010).

Deaths for Black males increased five times from 2010 to 2011, as displayed in Figure 18. Unintentional injury deaths decreased for Black and White females and remained at the same level for White males from 2010 to 2011.

Figure 18. Unintentional Injury Deaths by Sex by Race*, 2007-2011.



Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino populations were not available.

❖ **Nationally, deaths from unintentional injuries are the leading cause of death for those under the age of 35. The leading causes of fatal unintentional injuries include motor vehicle crashes, falls, and poisoning.**

MATERNAL AND CHILD HEALTH

The Title V Maternal and Child Health Program is the oldest Federal-State partnership.

Female Population of Childbearing Age

The Florida Department of Health tracks fertility (childbearing) rates of female residents between the ages of 15 and 44.

Jefferson County's fertility rate per 1,000 has gradually declined from 2007 to 2011. Jefferson County had a lower fertility rate for women of childbearing age than the state for this same time period.

Table 12: Fertility Rates (Women of Childbearing Age), Rolling 3-Year Rates for All Races (Rate per 1,000).

	Jefferson County	State Total
2007-2009	65.1	65.3
2008-2010	63.1	63.0
2009-2011	58.8	61.2

Data Source: FDOH, CHARTS

❖ For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.

Birth Rates

Jefferson County birth rates are lower than the state rates for 2008 to 2010 for total live births, white live births, and non-white live births per 100,000 persons, according to the Florida Department of Health's CHARTS.

However, Jefferson County has a higher three-year rate, as compared to the state, for births to mothers ages 10 to 18 (15.8%) and mothers ages 15 to 19 (47.4%) per 1,000. In addition, births to unwed mothers are higher in Jefferson County (58.5%) as compared to the state (47.3%).

Table 13. Birth Rates, County and State, 2008-2010.

		Jefferson County 2008-2010		Florida 2008-2010	
Indicators	Measure	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent
Total Births					
Total Live Births	Per 100,000 Total Population	151	1,027.00	222,442	1,182.80
White Live Births	Per 100,000 White Population	78	836.8	160,051	1,055.50
Nonwhite Live Births	Per 100,000 Nonwhite Population	73	1,352.40	61,627	1,691.60
Births By Age of Mother					
Births to Mothers 15-44	Per 1,000 Females 15-44	150	62.3	221,717	63.2
Births to Mothers 10-18	Per 1,000 Females 10-18	11	15.8	12,882	12.5
Births to Mothers 10-14	Per 1,000 Females 10-14	0	0	289	0.5
Births to Mothers 15-19	Per 1,000 Females 15-19	20	47.4	21,749	37
Repeat Births to Mothers 15-19	Percent of Teens with Prev. Birth	5	53.80%	4,012	40.30%
Births By Marital Status					
Births to Unwed Mothers	Percent of Total Births	88	58.50%	105,316	47.30%

Data source: FDOH, CHARTS

Teen Pregnancy

Overall, teen (ages 10 to 19) birth rates in Jefferson County have declined from 26.6 in 2009 to 16.7 in 2011. However, teen birth rates in Jefferson County are slightly higher compared with state rate in 2011 of 15.2

When teen birth rates are examined by race (see Table 14), Jefferson County White females ages 15 to 19 have a higher birth rate as compared to Jefferson County and Florida Black females. The birth rate for Jefferson County Black Females has decreased significantly from 2010 to 2011.

Table 14. Teen Birth Rates by Race per 1,000 Population, County and State, 2009-2011.

Birth Rate	Jefferson County			Florida		
	2009	2010	2011	2009	2010	2011
White Females ages 10-14	0	0	0	0.3	0.3	0.3
Black Females ages 10-14	0	0	0	1.1	0.9	0.7
White Females ages 15-19	42.2	27.6	39.1	32.2	28.1	25
Black Females ages 15-19	58.8	66.3	28.7	59.1	49.2	45.3

Data Source: FDOH, CHARTS

*Rates for Hispanic/Latino populations were not available.

Low Birth Weight

Low birth weight is defined as having a weight at birth that is less than 5.5 pounds or 2500 grams. Infants weighing less than 3.3 pounds or less than 1500 grams ("very low birth weight"), are at highest risk of dying in their first year.

Table 15 displays the data for low birth rates in Jefferson County as compared to the state. The rate of low birth weight among White babies shows an upward trend; however, rates are below the state. Low birth weight rates for Black mothers have trended downward since 2009, and were well below the state rates in 2001. Florida.

Table 15. Live Births to Mothers, Single Year Rates, Race/Ethnicity*, Jefferson County and Florida, 2009-2011.

	Jefferson County			Florida		
	2009	2010	2011	2009	2010	2011
Live Births Under 2500 Grams (Low Birth Weight)						
White Mothers	4	7.6	6.8	7.2	7.1	7.3
Black Mothers	14.5	13.6	7.7	13.4	13.7	13.2
Live Births Under 1500 Grams (Very Low Birth Weight)						
White Mothers	2.7	1.5	0	1.2	1.2	1.2
Black Mothers	3	2.7	1.6	3.1	3	3

Data Source: FDOH, CHARTS

* Rates for Hispanic/Latino were not available.

- ❖ Low birth weight is closely associated with increased risk of infant mortality; therefore, improvements in infant birth weight can contribute to reductions in the infant mortality rate.

Infant Mortality

The Florida Department of Health defines the infant mortality rate as the number of infants who die before their first birthday (ages 0-364 days). According to the U.S. Department of Health and Human Services, infant mortality is one of the key indicators of the nation's health, and is impacted by maternal health, quality and access to health care, socioeconomic conditions, and public health practices. Infant mortality is one of the leading measures of the health and social conditions of a community.

Infant mortality three-year rates were higher in 2008 to 2010 for Jefferson County as compared to the state rates for all indicators. The table below summarizes this data across infant mortality indicators.

Table 16. Infant Mortality Indicators, County and State, 2008-2010.

		Jefferson County 2008-2010		Florida 2008-2010	
Indicators	Measure	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent
Infant Mortality					
Infant Deaths	Per 1,000 Live Births	1	8.8	1,531	6.9
White Infant Deaths	Per 1,000 White Live Births	1	12.9	815	5.1
Nonwhite Infant Deaths	Per 1,000 Nonwhite Live Births	0	4.5	714	12.6
Total Neonatal Infant Deaths	Per 1,000 Live Births	2	8.8	995	4.5
White Neonatal Infant Deaths	Per 1,000 White Live Births	1	12.9	534	3.3
Nonwhite Neonatal Infant Deaths	Per 1,000 Nonwhite Live Births	0	4.5	459	7.5

Data Source: FDOH, CHARTS

Infant deaths per 1,000 live births were 8.8% for Jefferson County which was higher than the state rate of 6.9%. White infant deaths (per 1,000 white live births) were twice as high state rate, 12.9% as compared to 5.1%, while non-white infant deaths were less than half the state rate 4.5% compared to 11.6%. The same trend is seen for White neonatal infant deaths in Jefferson County.

- ❖ **The major factors contributing to infant deaths are biological (such as low birth weight or premature delivery), and environmental (such as poverty, smoking, alcohol and drug abuse, poor nutrition). Rates of infant mortality often reflect the health of the mother, the quality and effectiveness of the maternal and infant health care system, and the availability of special support to at-risk mothers and infants.**

Infant and Child Injuries

Table 17 on the following page summarizes the data for injuries and violence from 2008 to 2010 for school-aged children and adolescents in Jefferson County.

Jefferson County's rates are double the state rates for:

- Licensed drivers (ages 19-21) in motor vehicle crashes (per 1,000 licensed drivers) at 35.3% as compared to 15.6% for Florida.
- Child passengers (ages 5-11 and 12-18) injured/killed in motor vehicle crashes (per 100,000 population).

Table 17. School-aged Child and Adolescent Profile for Unintentional Injuries, Deaths, & Hospitalizations, County and State, 2008-2010.

Measure	Rate Type	Year(s)	Jefferson County Rate	Florida Comparison
Licensed drivers in motor vehicle crashes per 1,000 licensed drivers				
Ages 15-18	Per 1,000	2010	16.4	13.9
Ages 19-21	Per 1,000	2010	35.3	15.6
Child Passengers injured/killed in motor vehicle crashes per 100,000 population				
Ages 5-11	Per 100,000	2008-10	840.1	369.1
Ages 12-18	Per 100,000	2008-10	864.1	570.5
Motor vehicle deaths per 100,000 population				
Ages 5-11	Per 100,000	2008-10	0.0(u)	2
Ages 12-18	Per 100,000	2008-10	89.4(u)	9.6
Ages 19-21	Per 100,000	2008-10	64.7(u)	28
Non-fatal motor vehicle related hospitalizations per 100,000 population				
Ages 5-11	Per 100,000	2008-10	31.1(u)	12.4
Ages 12-18	Per 100,000	2008-10	208.6	31.3
Ages 19-21	Per 100,000	2008-10	64.7(u)	102.4
Head injury deaths per 100,000 population				
Ages 5-11	Per 100,000	2008-10	0.0(u)	1.4
Ages 12-18	Per 100,000	2008-10	0.0(u)	7.5
Ages 19-21	Per 100,000	2008-10	0.0(u)	21.1
Non-fatal head injury hospitalizations per 100,000 population				
Ages 5-11	Per 100,000	2008-10	31.1(u)	18.7
Ages 12-18	Per 100,000	2008-10	149.0(u)	43.3
Ages 19-21	Per 100,000	2008-10	129.4(u)	69.6
Other unintentional injury deaths per 100,000 population				
Ages 5-11	Per 100,000	2008-10	0.0(u)	1.4
Ages 12-18	Per 100,000	2008-10	0.0(u)	4.8
Ages 19-21	Per 100,000	2008-10	0.0(u)	18.1

Data Source: FDOH, CHARTS

U = Unstable rate (based on fewer than 5 events). When the rates are based on only a few cases or deaths, it is almost impossible to distinguish random fluctuation from true changes in the underlying risk of disease or injury.

Hospitalizations for other non-fatal unintentional injury for Jefferson County children under the age of five were slightly higher than the Florida rate for the reporting period of 2008 to 2010. Jefferson County's rate of non-fatal unintentional injury hospitalizations for children ages 12 to 18 and 19 to 21 were lower than the state rate for 2008 to 2010, but higher for ages 5 to 11.

Table 18. School-aged Child and Adolescent Profile for Other Non-Fatal Unintentional Injury Hospitalizations, County and State, 2008-2010.

School-aged Child and Adolescent Profile, 2008-2010				
Measure	Rate Type	Year(s)	Jefferson County Rate	Florida Rate
Other non-fatal unintentional injury hospitalizations				
Ages 5-11	Per 100,000	2008-10	93.3(u)	84.5
Ages 12-18	Per 100,000	2008-10	89.4(u)	118.9
Ages 19-21	Per 100,000	2008-10	64.7(u)	150.9
Violent acts in school per 1,000 students grades K-12	Per 1,000	2009-2010 (School Year)	0.0	2.8

Data source: FDOH, CHARTS

According to Florida Motor Vehicles, there were 29 non-moving seat belt violations in passengers under the age of 18 in 2009. There were 32 moving violations for child restraint in 2009 (the most current data available).

As of January 2012, there were 417 licensed drivers under the age of 19 in Jefferson County. This accounts for 4% of all licensed drivers.

HEALTH RESOURCE AVAILABILITY

The Florida Department of Health in Jefferson County provides services and programs to the community in the following areas: Primary Care Family Planning, Women's Health (Birth Control Methods, Pregnancy testing and Counseling, Prenatal Care, Breast and Cervical Cancer Screening, Pap Smears, Breast Exams), Healthy Start, WIC, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Prescription Assistance Program, Dental, Tobacco Education and Cessation, School Health, Chronic Disease Management, Environmental Health, Health Education, Public Health Preparedness, and Vital Statistics.



Access to Health Care

Having a personal doctor, along with having a recent medical exam, are generally strong indications of access to health care, and can give a good picture of access to health care in a community.

Table 19. Percentage of Self-Reported Access to Health Care, Jefferson County and Florida, 2010.

BRFSS 2010 Percentage of Adults *who. . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Could not see a doctor at least once in the past year due to cost.	6.8	14.8	20.7	22.1	12.1	15	24.8	19.6
Had a medical checkup in the past year.	59.4	67.6	83.2	78.3	68.4	74.4	64.6	77.4
Have a personal doctor.	92.5	91.8	86.1	86.1	81.2	87.9	75.2	82
Think they would get better medical care if they belonged to a different race/ethnic group.	7.3	8.4	NA	31.4	7.4	8.5	31.7	23.6
Have any type of health care insurance coverage.	84.5	86.3	79.2	74.7	85.4	89	70.7	80.1

Data Source: FDOH, BRFSS

* Hispanic/Latino data was not available.

The majority of Jefferson County residents who responded to the 2010 BRFSS survey indicated they had some type of health insurance coverage. The percentages for White males and females and Black females were below the same percentages for the statewide populations.

According to the Florida Department of Health, there were 2,573 Jefferson County residents or 17.6% of the total population enrolled in Medicaid in 2011. Jefferson County had a higher rate of Medicaid enrollment than Florida's rate from 2009 to 2011.

Results from the 2010 BRFSS survey indicate almost twice as many White males could not see a doctor at least once in the past year due to cost as compared to the state rate (6.8% versus 12.1%). In addition, the percentage of Jefferson County White males and females who had a medical checkup in the past year was lower than the associated state percentages.

Most of Jefferson County residents who responded to the 2010 BRFSS survey reported they had a personal doctor at a higher percentage rate across all populations than the state. Black females reported they thought they would get better medical care if they belonged to a different race/ethnic group than the state percentage. There was no data available for Black males on this indicator.

There is a large difference in access to dental care in Jefferson County as compared to Florida. For 2008 to 2010, 38 out of 1,000 Jefferson County low income residents had access to dental care as compared to 31.5 for Florida.

Table 20. Access to Dental Care by Low Income Persons, 3-Year Rolling Rates per 1,000 persons, Jefferson County and Florida, 2006-2008 to 2008-2010.

	Jefferson County			Florida		
	2006-2008	2007-2009	2008-2010	2006-2008	2007-2009	2008-2010
Access to Dental Care by Low Income Persons	26.5	33.5	38	26.2	27.8	31.5

Data Source: FDOH, CHARTS

The total number of licensed practitioners, dentists, and hospital and nursing home beds is another aspect to consider with regards to health care access and coverage. There no hospital located in Jefferson County.

Jefferson County is below the state rate with regards to total licensed Family Physicians. In addition, there were no licensed internists or Obstetricians/ Gynecologists in Jefferson County in 2010 according to the FDOH Medical Quality Assurance (the most current data available).

There is a disparity in dental care in Jefferson County as compared with the rest of the state, with nearly three-quarters as many dentists and nearly half as many dentists per 100,000 residents. However, the rate of total nursing home beds in Jefferson County was twice as high as the state rate.

Table 21. Health Care Providers and Facilities, Rate per 100,000 Population, Jefferson County and Florida, 2010.

	Jefferson County	Florida
Total Licensed Family Physicians	20.4	28.8
Total Licensed Internists	0	58.6
Total Licensed Obstetricians/Gynecologists	0	11
Total Licensed Pediatricians	6.8	25.2
Total Licensed Dentists	27.2	63.5
Total Hospital Beds	0	321
Total Nursing Home Beds	1066	457.5

Data Source: FDOH, Medical Quality Assurance

QUALITY OF LIFE AND PERCEPTIONS OF HEALTH RELEVANT TO THE COMMUNITY

Behavioral Risk Factors

Behavioral risk factors such as excessive alcohol use, tobacco use, poor nutrition, and lack of physical activity are related to chronic diseases and conditions including some cancers, diabetes, heart disease and stroke, and arthritis. Additionally, other risk factors such as being overweight or obese are also largely associated with these poor health outcomes.

Table 22. Selected Health Status Indicators, Sex by Race/Ethnicity, Jefferson County and Florida, 2010.

Percentage of Adults* who . . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Are "very satisfied" or "satisfied" with their lives.	97	94.9	94.9	95.4	92.5	93.4	90.5	93.3
Said they had good physical health.	87.1	86.7	73.7	84.6	87.8	86.2	86.6	88.3
Reported good to excellent overall health.	84	83.2	45.1	70.1	84.4	84.1	81.6	78.4
Reported fair or poor overall health.	16	16.8	54.9	29.9	15.6	15.9	18.4	21.6
Average number of unhealthy physical days in the past 30 days	4.1	4.3	8.3	4.8	4	4.5	4.1	3.8

Data Source: FDOH, BRFSS

* Hispanic/Latino data not available.

According to the *2010 Behavioral Risk Factor Surveillance System (BRFSS)* survey, most of the Jefferson County residents who responded said they had good physical health, with White females having a higher percentage than associated state value. In addition, most Jefferson County White male and female and Black female residents reported their overall health as good to excellent. Less than half of the Black male respondents indicated their health was good to excellent, which was nearly half the percentage for the same population statewide.

To assess physical and mental impairments, the BRFSS collects information on the number of days of poor physical and mental health, during the previous 30 days. Survey respondents are also asked one general question that is used to determine the percentage of the population who are limited in any way by any type of physical, mental, or emotional problems, and one question related to the use of special equipment such as a cane or wheelchair.

Overall, 9.5% of Jefferson County residents experienced 14 or more days of poor mental health during the past 30 days, and 15.7% experienced 14 or more days of poor physical health during the past 30 days. The average number of unhealthy days was nearly twice the state average for Jefferson County Black males.

Nearly all of the Jefferson County White male and female and Black female residents who responded to the 2010 BRFSS survey reported they always or usually receive the social and emotional support they need. White male respondents were the only group who had higher percentages on this health indicator than the state. Nearly all of the Jefferson County respondents reported they were very satisfied or satisfied with their lives, with White females and Black males exceeding the state percentages.

Table 23. Selected Quality of Life Indicators, Jefferson County and State, Sex by Race/Ethnicity, 2010.

Percentage of Adults* who . . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Always or usually receive the social and emotional support they need.	89.5	83.2	50.1	58.7	81.1	84.1	70.2	69.4
Are "very satisfied" or "satisfied" with their lives.	90.6	93.9	98.6	85.4	92.5	93.4	90.5	93.3
Reported good mental health.	95.7	88.3	78.4	88.7	89.7	87.4	92.6	89.6
Reported poor mental health on 14 or more of the past 30 days.	1.3	11.7	21.6	11.3	10.3	12.6	7.4	10.4
Reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	9.3	21.9	NA	23.3	16.5	15.2	21.8	15
Average number of unhealthy mental days in the past 30 days	3.3	4	5	4.9	3.4	4	2.7	3.7

Data Source: FDOH, BRFSS

* Hispanic/Latino data not available.

While nearly all of the Jefferson County residents reported good mental health, the percentages were well below the associated state percentages for Black males. In addition, the percentages of Black male Jefferson County residents who reported having poor mental health on 14 or more of the past 30 days were nearly three times higher the state percentages.

The percentage of BFRSS respondents who reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days was higher for all Jefferson County respondents. No data was available for Black males for this health indicator.

Black males and females had a higher average number of unhealthy mental days in the past 30 days than did the same population statewide.

Nutrition and Physical Activity

The BRFSS survey also collects detailed information about the frequency of consuming fruits and vegetables. The most current data is from the BRFSS administered in 2007. Because this data is five years old, some caution should be exercised in applying it to current Jefferson County residents.

The percentage of Jefferson County White females who indicated they were inactive at work was higher than the state percentage. The percentage of Jefferson County White males and females and Black males was higher than the state percentages on self-reports related to being sedentary.

Table 24. Selected Nutrition and Physical Activity Indicators, Sex by Race/Ethnicity, Jefferson County and State, 2007.

Percentage of Adults* who. . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Are inactive at work.	45.3	77	NA	61.3	61.7	73.9	58.6	68.7
Are sedentary.	21.9	30.1	34.6	22.4	18.3	24.1	29.2	33.9
Meet moderate physical activity recommendations.	47	41.9	33.6	26.4	35.6	38.6	29.8	27
Meet vigorous physical activity recommendations.	37.5	14.9	36	3.7	30.7	23.4	25.1	18.8
Consumed two or more servings of fruit per day.	27	26.6	30	38.3	30.4	38.2	41.3	43.7
Consumed three or more servings of vegetables per day.	31.3	32.2	35.4	29.8	26.9	36	20.9	24.7

Data Source: Florida BRFSS

* Hispanic/Latino data not available.

The percentage of Jefferson County residents who reported meeting moderate

physical activity recommendations was above the state percentages for White males and females and Black males; Black females were slightly below the comparable state percentages. In addition, Jefferson County Black and White females were below the state percentages for the indicator of meeting vigorous physical activity recommendations.

Nearly half (48%) Jefferson County Black male residents reported they were limited in any way in any activities because of physical, mental, or emotional problems, which was over twice as much as the associated state percentage (22%). Nearly one in ten (9.7%) Jefferson County respondents on the 2010 BRFSS survey reporting they use some kind of special equipment such as a cane or wheelchair.

When asked about nutrition, Jefferson County residents who responded to the 2007 BRFSS survey fell below the state percentages for consumption of two or more servings of fruit per day.

The percentage of Jefferson County White male and Black male and female residents who reported consuming three or more servings of vegetables per day was higher than the associated state percentages. White females who reported eating three or more servings of vegetables a day was below the percentage of White females statewide.

The 2010 BFRSS asked respondents about limits to their physical activity. Slightly over one-quarter of White female respondents and nearly half of Black males indicated they were limited in any way in any activities because of physical, mental or emotional problems. The percentage for Black males on this indicator was over twice as high as the percentage reported statewide.

Table 23. Selected Physical Activity Indicators, Sex by Race/Ethnicity, Jefferson County and State, 2010.

Percentage of Adults* who . . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Are limited in any way in any activities because of physical, mental, or emotional problems.	19.4	25.5	48.2	15.7	24.3	28	22	22
Use special equipment because of a health problem.	6.6	9.1	9.3	13.4	9.8	10.1	12	12

Data Source: Florida BRFSS

** Hispanic/Latino data not available.*

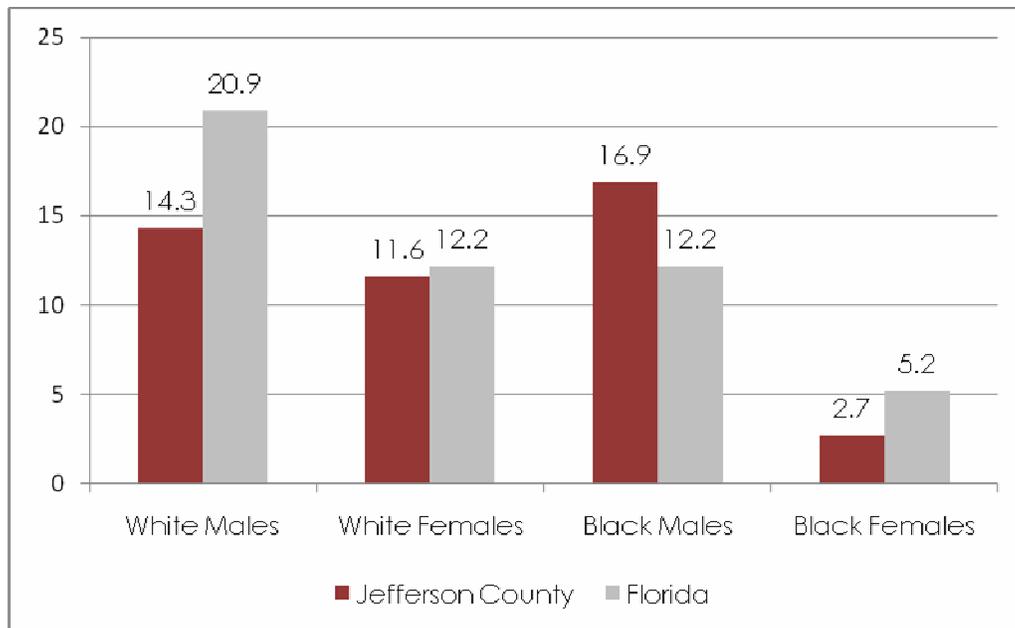
Substance Abuse

Alcohol Use

The BRFSS survey collects information about alcohol consumption. Binge drinking is defined as five or more drinks within a few hours for men and four or more drinks for women. Heavy drinking is defined as one or more drinks per day for women and two or more drinks per day for men.

On the 2010 BRFSS survey, there were a higher percentage of Jefferson County Black males who reported engaging in heavy or binge drinking as compared to the statewide population. Fewer White males and females and Black females indicated they engaged in heavy or binge drinking as compared to statewide populations.

Figure 20. Percentage of Adults* who Engage in Heavy or Binge Drinking, Sex by Race/Ethnicity, Jefferson County and State, 2010.



Data Source: Florida BRFSS

* Hispanic/Latino data not available.

Tobacco Use

For adults, current smoking is defined as having smoked at least 100 cigarettes and having smoked within the last 30 days. For youth, current smoking is just defined as smoking within the last 30 days.

Over one-third of White male Jefferson County adults reported they had never smoked on the 2010 BRFSS survey, with over half of White females and Black males reporting the same. Over three-quarters of the Black female respondents indicated they had never smoked. More Jefferson County White males reported being a current smoker than the same population statewide.

Table 25. Selected Tobacco Use Activity Indicators, Sex by Race/Ethnicity, Jefferson County and State, 2010

Percentage of Adults* who . . .	Jefferson County				Florida			
	White Males	White Females	Black Males	Black Females	White Males	White Females	Black Males	Black Females
Have never smoked.	37.1	59.1	69.4	83.4	45.4	49.5	61.9	76.4
Are former smokers.	32.8	23.5	23.6	7.8	36.7	31.6	19.1	13.9
Are current smokers.	29.3	17.4	7	8.8	17.9	18.9	19	9.7
Percentage of Non-smoking adults who were exposed to secondhand smoke in the past seven days (BRFSS 2007).	31	21.8	NA	6.1	17.6	12.4	22	17.6

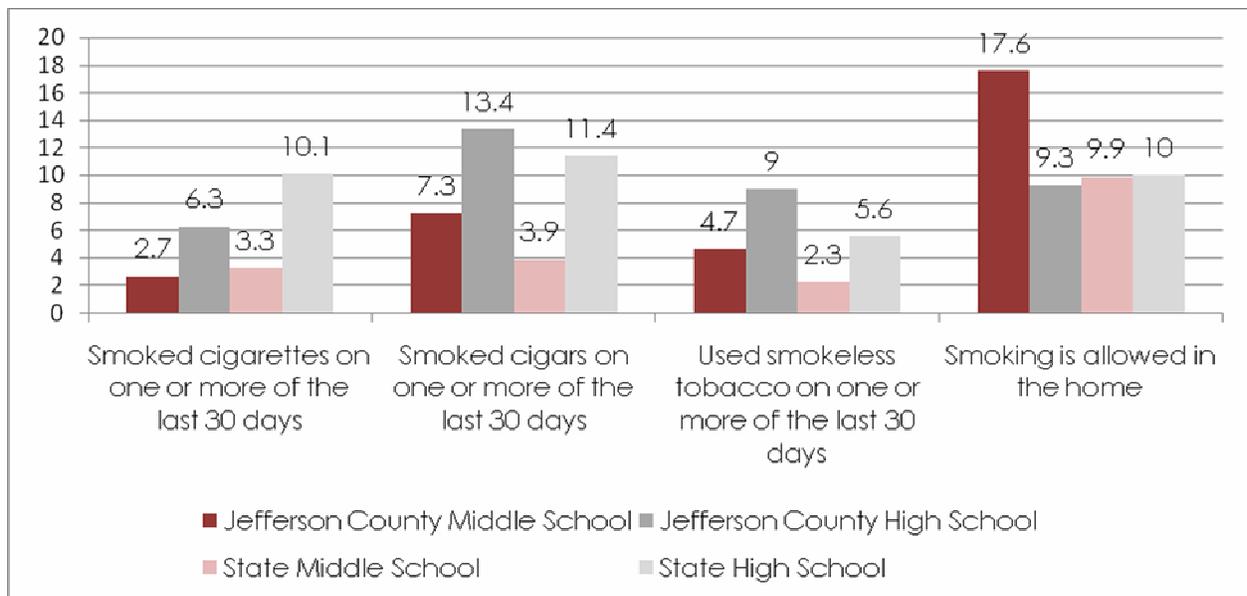
Data Source: Florida BRFSS

** Hispanic/Latino data not available.*

Among Jefferson County Middle and High School students, the percentage of students who engaged in smoking behaviors was lower than for students statewide. As compared to statewide percentages, almost twice as many Jefferson County Middle School students smoked cigars and/or used smokeless tobacco on one or more of the last 30 days. The percentage of Jefferson County High School students also smoked cigars and/or used smokeless tobacco was also higher than the associated state percentages.

When asked whether smoking was allowed in the home, more than 80% of Jefferson County Middle and High School students indicated it was not. However, the percentages of Middle and High School students who reported smoking was allowed in the home were higher than the statewide percentages.

Figure 21. Percentage of Middle and High School Students who Engage in Smoking Behaviors, Jefferson County and State, 2012.



Data Source: 2012 Florida Youth Tobacco Survey

Injury and Violence

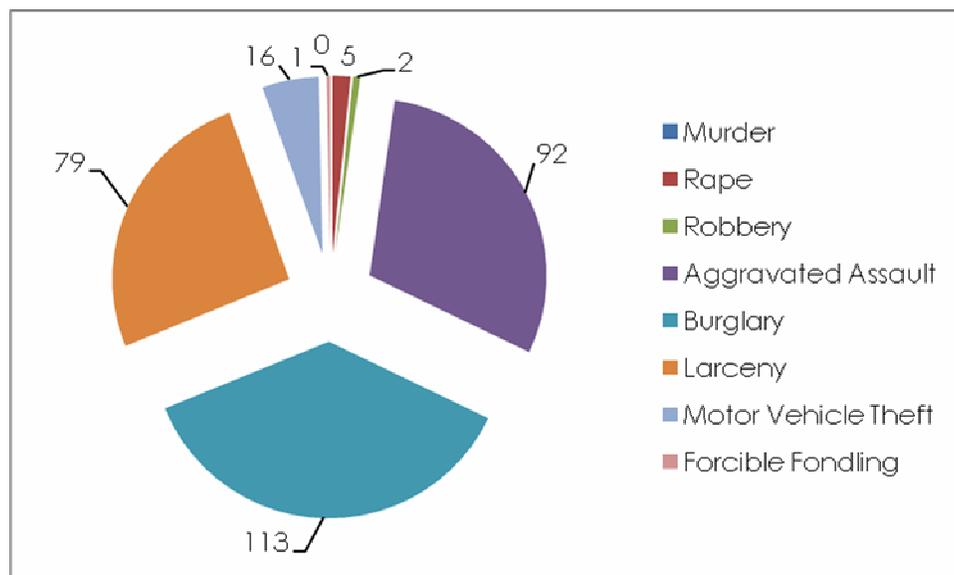
As reported earlier, unintentional injuries was the 4th leading cause of death in Jefferson County in 2011. There were 10 deaths in Jefferson County due to unintentional injuries, with deaths evenly split between Black and White residents.

There were a total of 17 alcohol-related motor vehicle crash injuries in Jefferson County in 2010 (the most current data available). This represents a rate of 115 per 100,000 Jefferson County residents which is over two times the state rate of 64.7 per 100,000 residents.

The Florida Department of Law Enforcement reported that Jefferson County arrests decreased 20% from 2010 to 2011, with 100 violent crimes and 208 nonviolent crimes. Of the 743 total arrests in 2011, 99.5% were adults and 5% were juveniles. Males accounted for 78% of the total arrests.

There were 308 total crime offenses in Jefferson County for 2011. Burglary accounted for over one-third (36.6%) of the total crime offenses, with 25.6% of the crime coming from larceny. Total stolen property value was \$307,091 in 2011; 18.5% was recovered.

Table 26: Jefferson County Crime, 2011.



Data Source: Florida Department of Law Enforcement

According to the Florida Department of Motor Vehicles, total traffic citation violations decreased from a high of 11,135 violations in 2008 to 10,302 in 2010. There was a 27% increase in Driving under the Influence (DUI) citations from 30 in 2009 to 38 in 2010. In 2010, there were 282 driver-side seat belt violations and 47 seat belt violations for passengers over the age of 18.

The Department of Juvenile Justice reports on the number of school and non-school related delinquency referrals. During the 2010-2011 school year, there were 44 delinquency referrals in Jefferson County schools, of which 23% were school related. This represents a rate of 21 referrals per 1,000 students. With 482 students, Jefferson County ranks "high" in the small school districts for delinquency referrals to the Department of Juvenile Justice.

The Florida Department of Law Enforcement (FDLE) reports there were no hate crimes in Jefferson County in 2010 (the most current data available). There were 5 total domestic violence crimes to children and 7 to siblings in 2011, as reported by FDLE (victim's relationship to offender).



**JEFFERSON
COUNTY**

FORCES OF CHANGE



Florida Department of Health in Jefferson County conducted a Forces of Change assessment in January 2011. This assessment focuses on identifying the trends, factors, and events that are likely to influence the community health and quality of life, or impact the work of the local public health system.

FORCES OF CHANGE

The Forces of Change (FOC) Assessment is one of four assessments conducted as part of the overarching Mobilizing for Action through Planning and Partnerships (MAPP) community health strategic planning initiative. This assessment focuses on identifying the trends, factors, and events that are likely to influence the community health and quality of life, or impact the work of the local public health system.

The FOC Assessment was performed by a diverse group of key community health stakeholders. The community health improvement process in Jefferson County is a collaborative initiative of the Florida Department of Health in Jefferson County and community partners. The Forces of Change Assessment considers forces that may impact the health and quality of life of the community and the local health system. By gathering information from community partners a comprehensive list was developed to answer the following questions:

- What is occurring or might occur that affects the health of our community or local health system?
- What threats or opportunities are generated by these occurrences?

Methodology

The facilitated discussion for the FOC Assessment was completed on January 27, 2011. Community partners that were present included; Kim Barnhill JCHD, Chris Abarca DOH, Daphne Holden DOH, Rob Lombardo Big Bend Rural Health Network, Donna Hagan HSCJMT, Sonia McNelis JCHD, Kim Allbritton JCHD, Shawn Hamm FQHC Tri-County, Bobbie Markiewicz, Agnes McMurray Big Bend Rural Health Network, and Geri Forbes TMH Transition Center. The meeting began with an introduction by Kim Barnhill. She then summarized the community health status in Jefferson County followed by a short overview of the MAPP process by Chris Abarca. Discussion then ensued that identified common issues that answer the questions listed above. These issues are presented on the following page, clearly displaying the issues or 'forces' and showing the potential impacts of each force, both threats and opportunities for improvement.

Summary of Discussion: Forces (Trends, Events, Factors)

Category	Force
Social/ Population	<ul style="list-style-type: none"> • Lack of health literacy, understanding of one's own health status • More female head of households • Residents lack of knowledge of resources available to help • High rates of families living in poverty
Economic	<ul style="list-style-type: none"> • Funding cuts to governmental agencies and service providers • Economic downturn; slow recovery, high rates of unemployment, decrease in average household wage • Increased number of uninsured residents in need of health services
Political	<ul style="list-style-type: none"> • Funding cuts to government • Local political climate is unhelpful, unwillingness of local leaders to be open to a new vision for healthcare for the uninsured. • Privatization of government/public services
Environmental	<ul style="list-style-type: none"> • Rural Area • Lack of access to fresh fruits and vegetables • Decrease in local Farms
Health	<ul style="list-style-type: none"> • Increase of uninsured population • Low levels of health literacy • Lack of accessibility to healthcare services Closing of health care facility, Gerry Medical Poor access for mental health treatment • 'Pill Mills' and addiction to prescription drugs • Rates of heart disease and stroke are higher than statewide rate. • Smoking rates are higher than statewide rate at all age levels. • Number of STD's have increased since 2008, higher than the state rate. • High rate of Diabetes.

Technology	<ul style="list-style-type: none"> • Use of Electronic Medical Records in the healthcare system. • Lack of internet access for low income and senior populations.
Transportation	<ul style="list-style-type: none"> • Lack of adequate transportation to health care services, especially for low income population. • Local Disadvantaged Transportation provider process not user friendly.

Table 3: Top Forces with Potential Impacts (Opportunities and Threats)

Force	Opportunities	Threats
Economic downturn, increased number of under and uninsured residents in need of health care services	Received LIP funding; provide temporary access to care Find less expensive ways to provide medical care If grants are awarded potential for creation of local jobs	Impact on health due to lack of insurance and stress. Increase in behavioral health issues.
Lack of health literacy, understanding of one's own health status	Opportunity to mold citizens and properly educate them with the facts about their health More focus on prevention/health education to reduce need for health care services	Lack of self-knowledge leads to uneducated and possibly more expensive health care choices. Lack of self-motivation to manage one's own health.
Electronic Medical Records	Ease of access to health records could lead to better healthcare for individuals and patient safety. With electronic medical records there is a potential for better population based health data. Better community network. Timely access to patient information. Patient Centered Care.	Privacy confidentiality issues. Perceived forced disclosure on employment applications and for insurance/credit. Cost of EMR.

Lack of transportation	Innovative approach to providing transportation.	Isolated communities. Physical health destabilization/disruption in continuity of care.
Health care organizations have a low capacity	Increase public involvement to close gaps that are present. Build partnerships. Better collaboration among service providers.	Perceived competition amongst providers. Unwillingness to partner.
More funding for the LIP program	Further increase access to health care for those most in need.	Lack of transportation.





**JEFFERSON
COUNTY**

COMMUNITY THEMES AND STRENGTHS



As part of the Jefferson County Community Health Improvement Project, a community-wide survey was implemented to assess perceptions of the quality and accessibility of healthcare in Jefferson County, Florida. A total of 311 residents responded to the survey in August 2011.

METHOD

The Community Health Strengths and Themes assessment was developed and pilot tested by the Florida Department of Health in Jefferson County . The survey consisted of 47 questions in twelve areas:

- General Demographic Information (10 questions)
- Section I: Health Insurance (5 questions)
- Section II: Health Care Location/Medical Home (4 questions)
- Section III: Health Care Access (5 questions)
- Section IV: Dental Care Access (5 questions)
- Section V: Healthy Community (2 questions)
- Section VI: Health Problems (1 question)
- Section VII: Risky Behaviors in the Community (1 question)
- Section VIII: Health Care Cost (4 questions)
- Section IX: Information and Services (6 questions)
- Section X: Chronic Illness (3 questions)
- Section XI: Health Ranking (1 question)

The survey was distributed as an online instrument and in a hard-copy, paper-and-pencil format. There were a total of 311 survey respondents. Community partners assisted in the promotion and distribution of the survey. Posters, newspaper advertising and local business websites were used to promote participation via online and/or paper.

County health department staff were responsible for all paper survey data entry. Civic Impact Consulting Group, LLC (CICG) was contracted by Florida Department of Health in Jefferson County to provide assistance with the Community Health Needs Assessment data analysis and report.

Online Survey

A local email distribution list was utilized to promote the online survey. An email invitation was sent to potential respondents with a link to the survey. To complement the email promotion, local business websites were used to publicize and promote participation by posting a link to the survey.

Hard-copy Survey

During April and May 2011, community partners distributed the hard-copy survey to their clientele as they accessed services. In addition, the hard-copy survey was distributed at local community events and outreach activities. Drop boxes were placed in the Jefferson County Library and Jefferson County Post Offices.

Survey Incentives

Small flashlights were purchased to use as incentives as a token of appreciation for a survey respondent's time and effort and a means to increase survey response rates. During the local event, "Watermelon Festival," pedometers were used as an incentive for survey completion.

RESULTS

Survey Sample Demographics

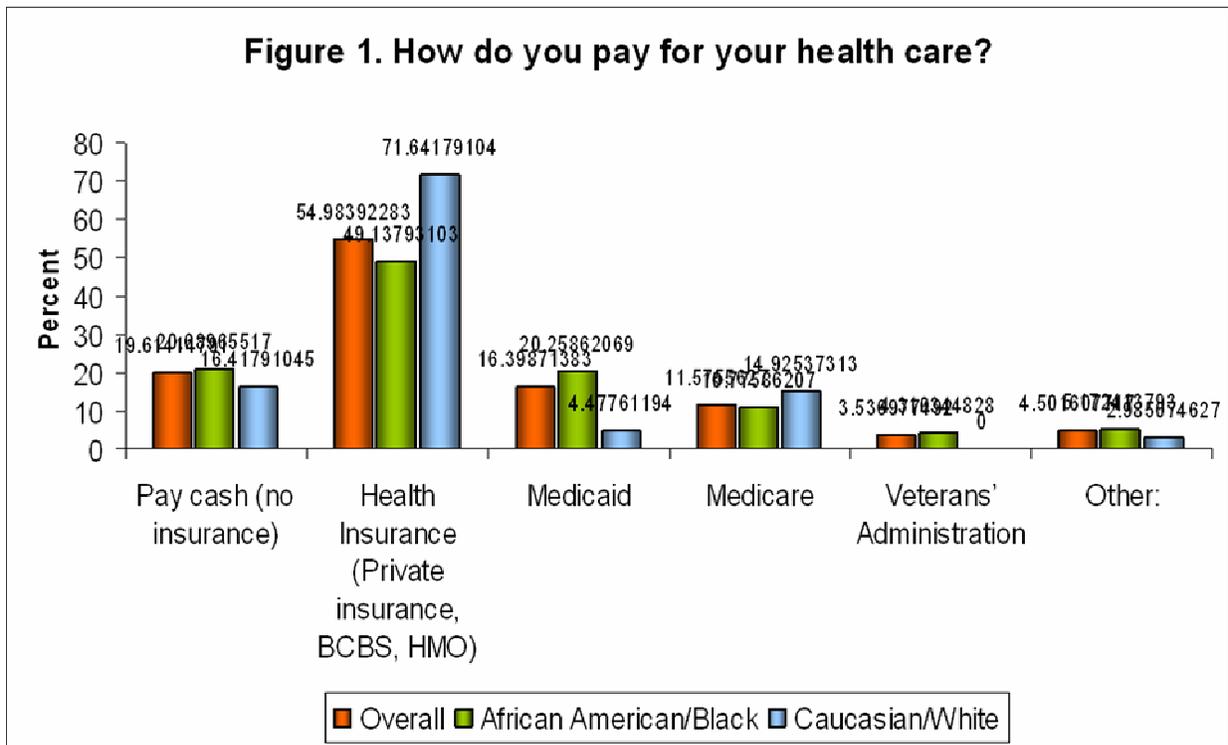
A total of 311 Jefferson County residents completed the 2011 community health assessment survey. Approximately, 78% of respondents were women and 22% were men. Seventy-five percent of respondents identified themselves as African American or Black, and 22% identified themselves as Caucasian or White. The following tables show detailed demographic information for those surveyed.

	Number	Percent
Gender		
Female	240	78.2
Male	67	21.8
Race		
African American / Black	232	75.1
Asian / Pacific Islander	1	0.3
Native American	3	1.0
Other	6	1.9
White / Caucasian	67	21.7
Ethnicity		
Hispanic	3	1.0
Age Group		
18-24	22	7.8
25-34	36	12.7
35-44	62	21.9
45-54	61	21.6
55-64	70	24.7
65+	32	11.3
Household Income		
Less than \$20,000	64	21.6
\$20,000 to \$29,999	60	20.2
\$30,000 to \$49,999	105	35.4
Over \$50,000	68	22.9

	Number	Percent
Education Level		
Less than high school	115	38.0
High school diploma or GED	160	52.8
College degree or higher	28	9.2
Employment Status		
A homemaker	7	2.3
A student	15	4.9
Employed	198	64.3
Out-of-work less than 1 year	4	1.3
Out-of-work more than 1 year	19	6.2
Retired	36	11.7
Self-employed	15	4.9
Unable to work	14	4.6
Marital Status		
Co-habiting	12	4.0
Married	137	45.1
Not married / Single	155	51.0
Zip Code		
32331	1	0.3
32336	18	5.9
32337	3	1.0
32344	272	88.6
32345	12	3.9
32361	1	0.3
City of Residence		
Jefferson	11	3.6
Lamont	13	4.3
Lloyd	3	1.0
Monticello	276	90.8
Wacissa	1	0.3

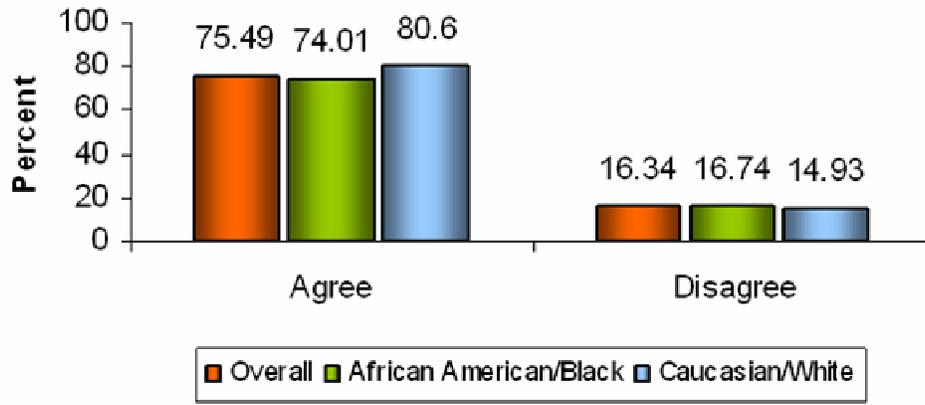
Section 1: Health Insurance

The most common health care coverage reported was private health insurance (55%), followed by no insurance/pay with cash (19.6%), and Medicaid (16.4%). Caucasian/Whites were more likely to have private health (71.6%) than African American/Blacks (49.1%), while African American/Blacks were more likely than Caucasian/Whites to have Medicaid (20.3% versus 4.5%, respectively).

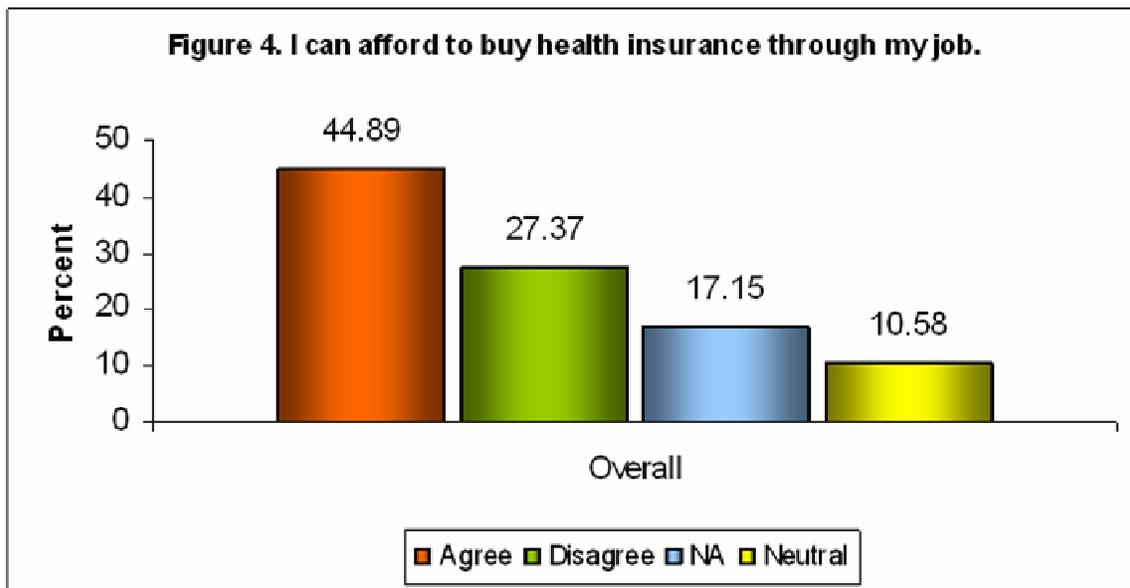
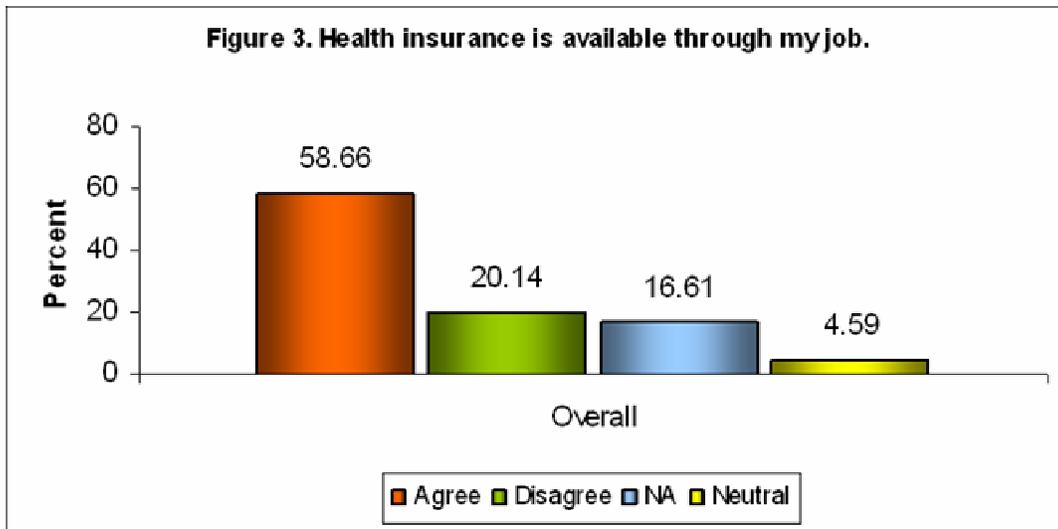


Approximately 75% of residents surveyed reported that they did have health insurance that covered their health care needs. This differed slightly by race. Caucasian/Whites were more likely than African American/Blacks to report having adequate health care coverage (80.6% compared with 74%).

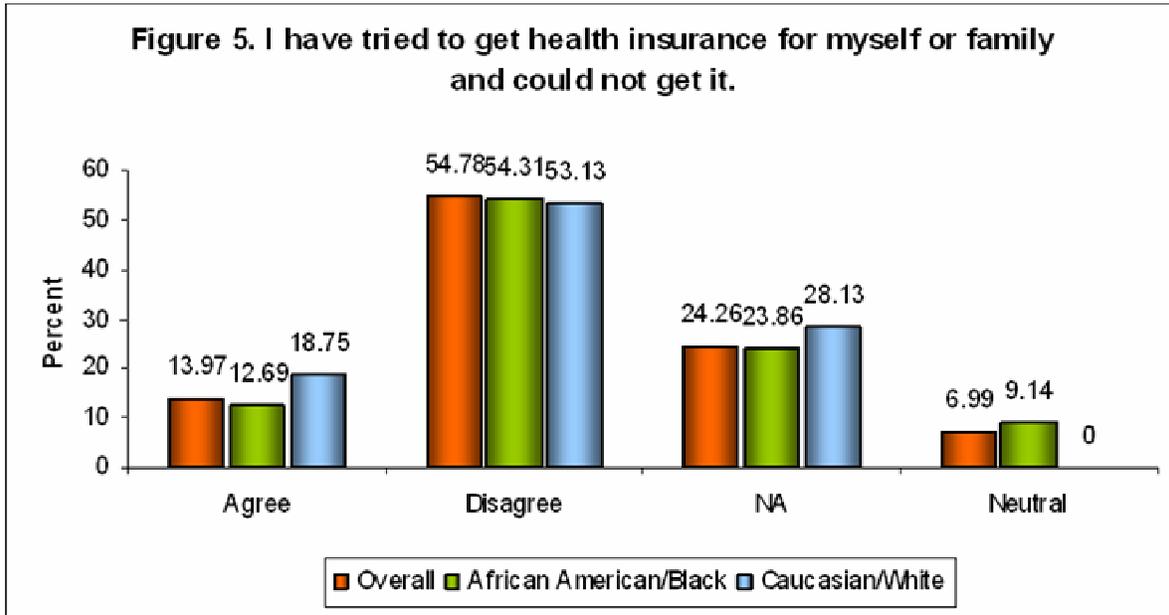
Figure 2. I have health insurance that covers my health care needs.



Nearly 60% of residents surveyed reported that health insurance coverage is available through their job. However, only 45% of those surveyed said they could afford to purchase health insurance through their job.

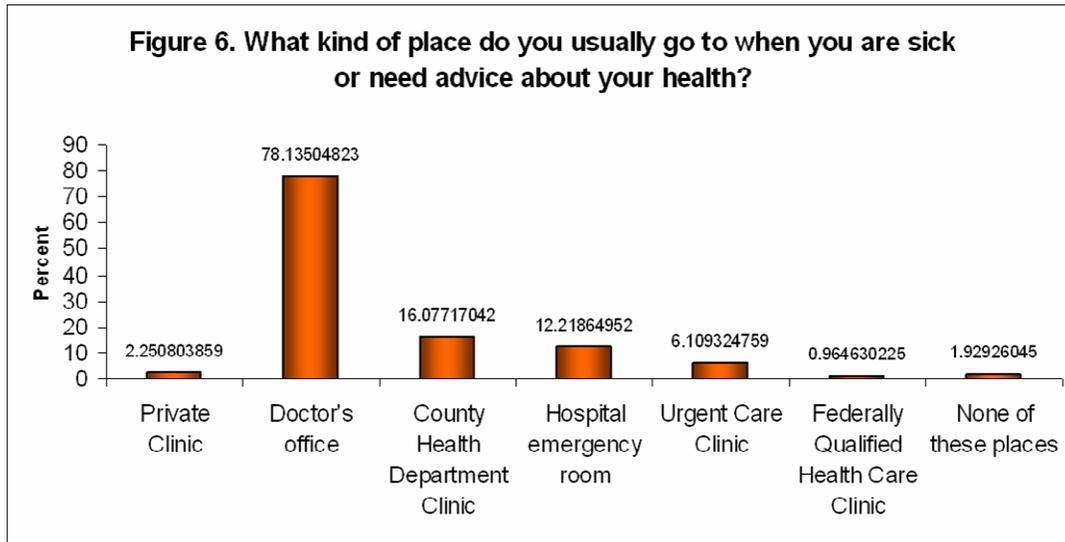


Overall, 14% of residents surveyed said that they had tried to get health insurance coverage for themselves or their family and could not get coverage. This did vary slightly by race, with African American/Blacks being more likely than Caucasian/Whites to report not being able to get health insurance (18.8% versus 12.7%).

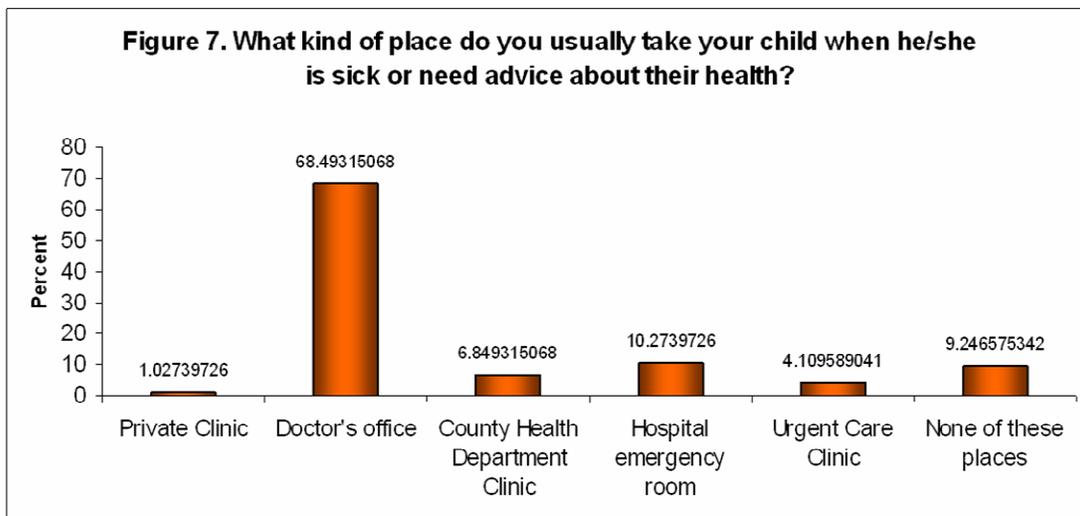


Section 2: Health Care Location / Medical Home

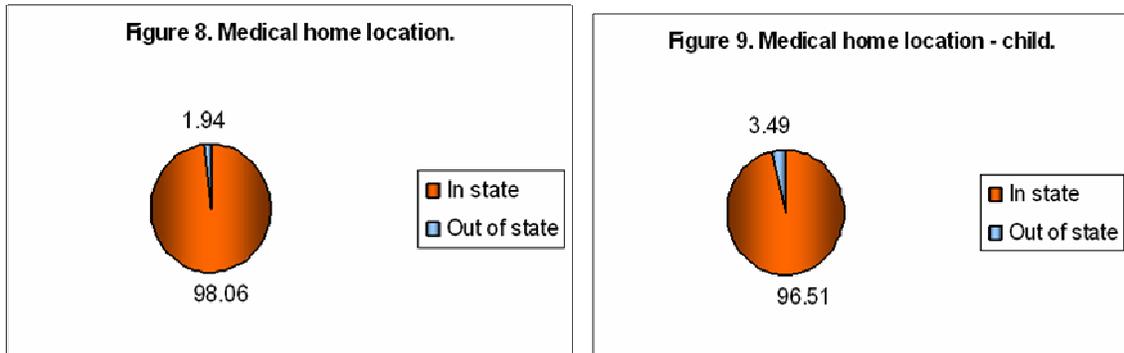
The majority of Jefferson County residents surveyed reported visiting a doctor's office when they are sick or need advice about their health (78.1%). That was followed by the county health department clinic (16.1%), and the hospital emergency room (20.9%).



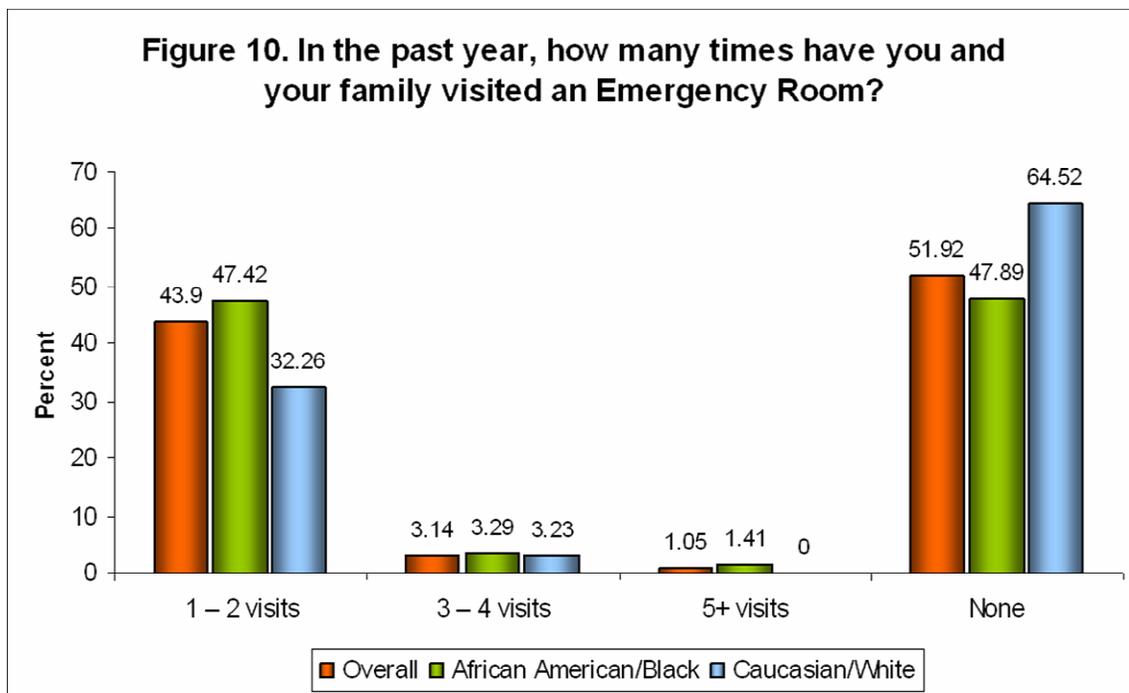
The patterns were similar when residents were asked where they usually take their children when they are sick or need medical attention, however the hospital emergency room was the second most common medical home (10.3%) followed by the county health department clinic (6.8%).



Residents were asked if this health care facility they visit most often was located in state or out of state. Only 2% of residents reported visiting an out of state facility for their health care needs, and 3.5% for children.

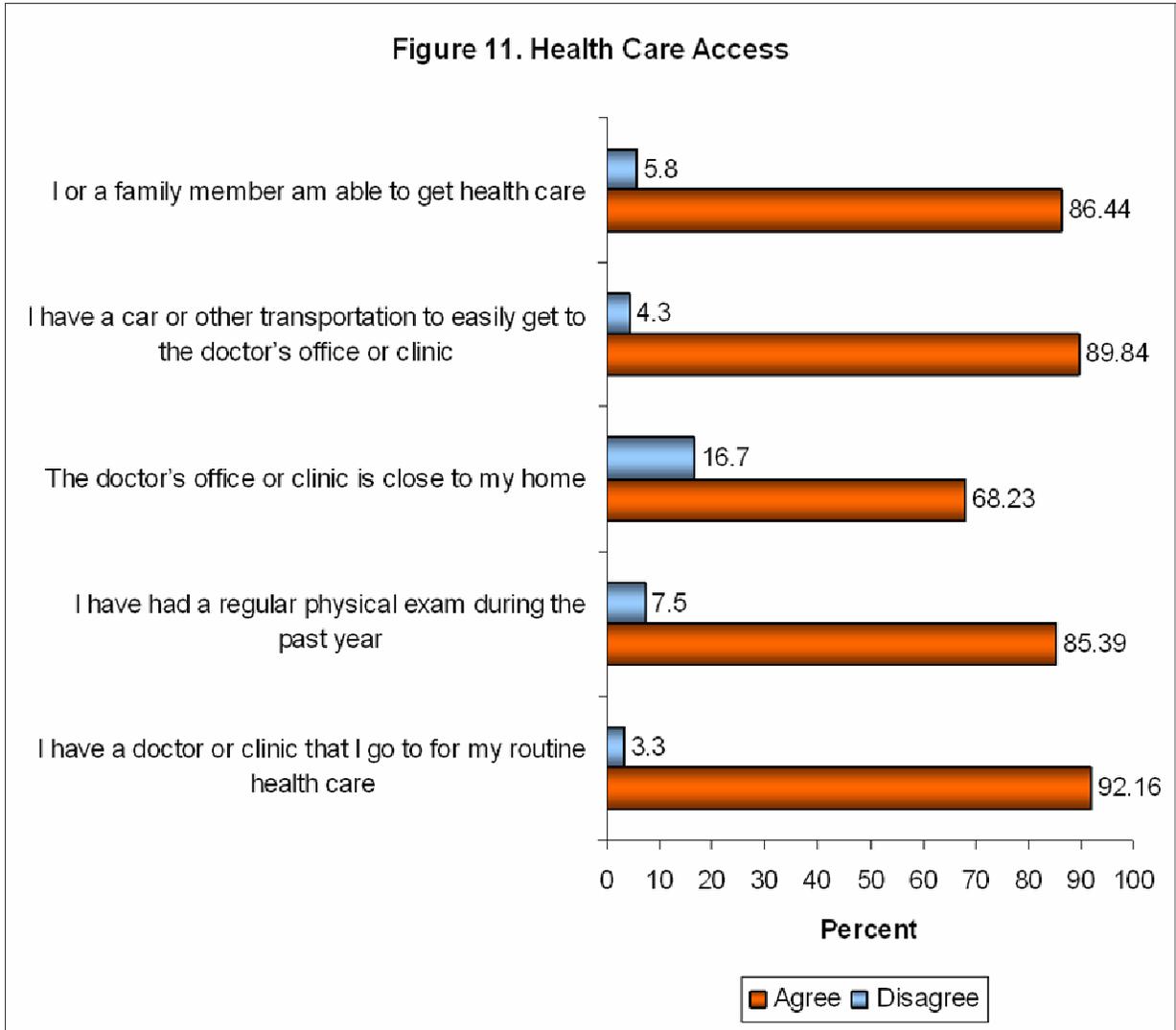


Information was also collected on frequency of hospital emergency room visits during the past year. Overall, 43.9% of those surveyed reported visiting an emergency room 1 or 2 times during the past year. African American/Blacks were more likely than Caucasian/Whites to visit and emergency department, with the largest differences being for those who reported 1 or 2 visits in the past year (47.4% versus 32.3%). Approximately, 4% of those surveyed reported visiting an emergency room 3 or more times during the past year.



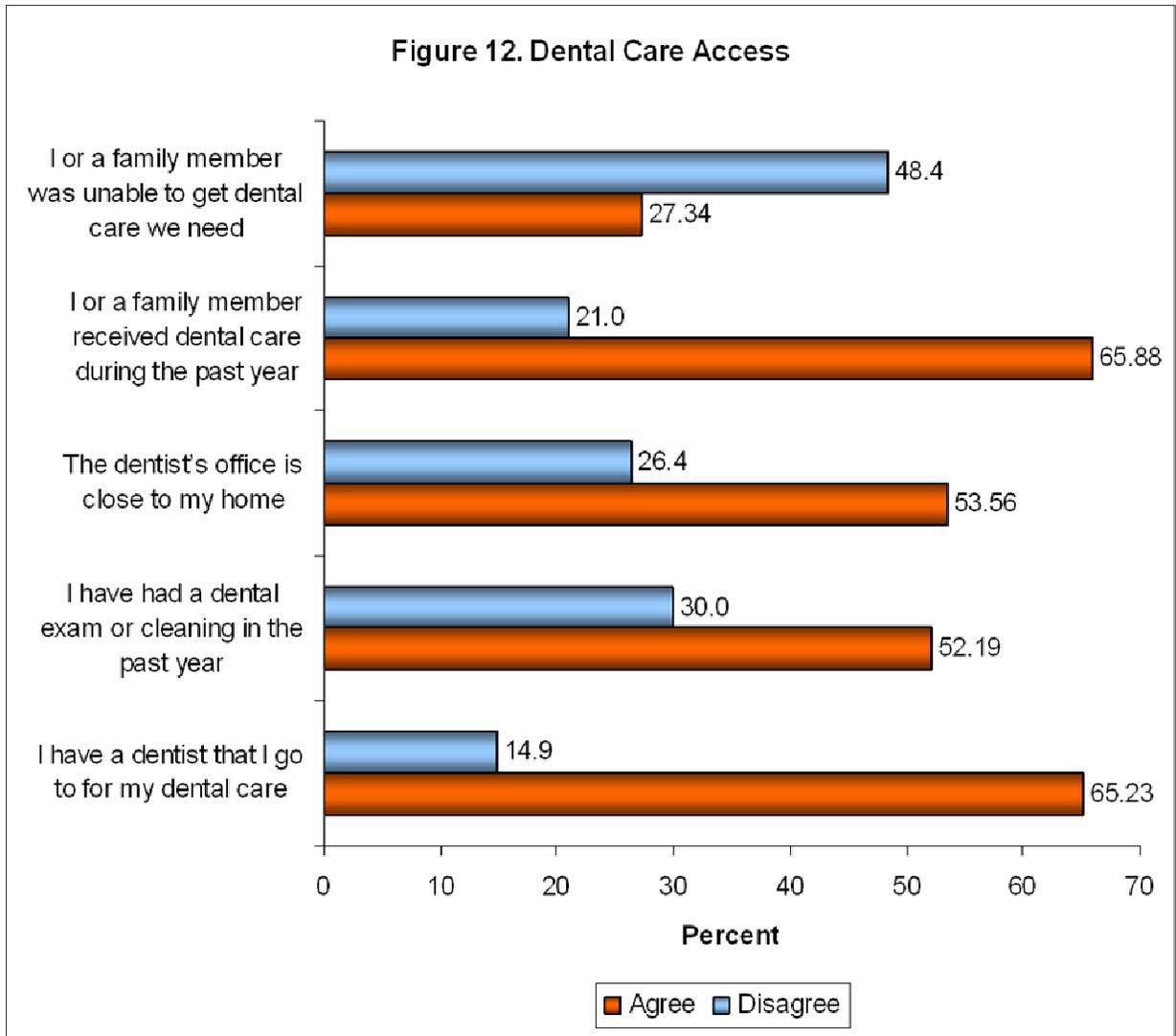
Section 3: Health Care Access

Overall, the majority of residents surveyed responded positively to the health care access questions. Most reported being able to get health care for themselves or a family member (86.4%), having a car or other transportation to easily get to the doctor's office or clinic (89.8%), and having a doctor or clinic that they go to for routine health care (92.2%). More than eight out of 10 reported having had a regular physical exam in the past year.



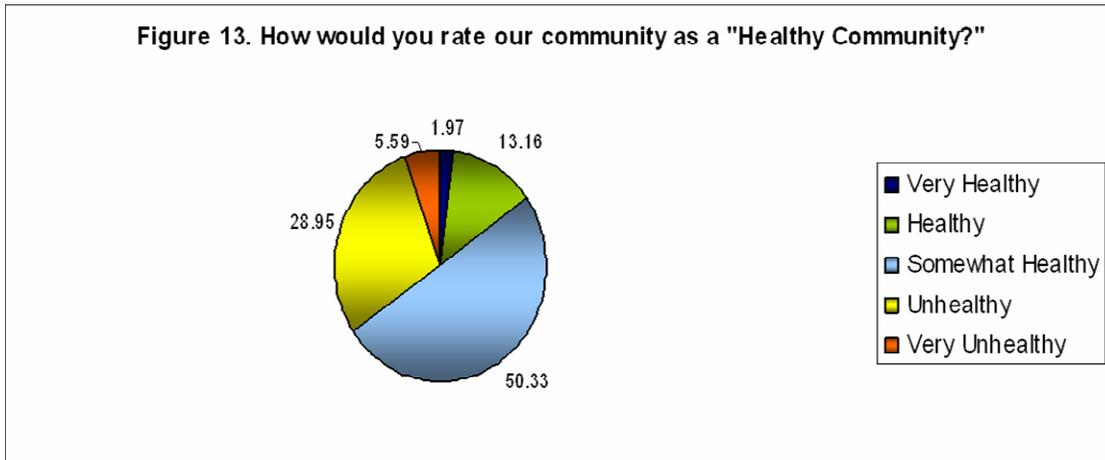
Section 4: Dental Care Access

Approximately 65% of residents surveyed reported having a dentist that they go to for routine dental care and reported that they or a family member has received dental care in the past year. Only 52.2% reported that they have had a dental cleaning within the past year. One out of four surveyed reported that they or a family member were unable to get the dental care they need.

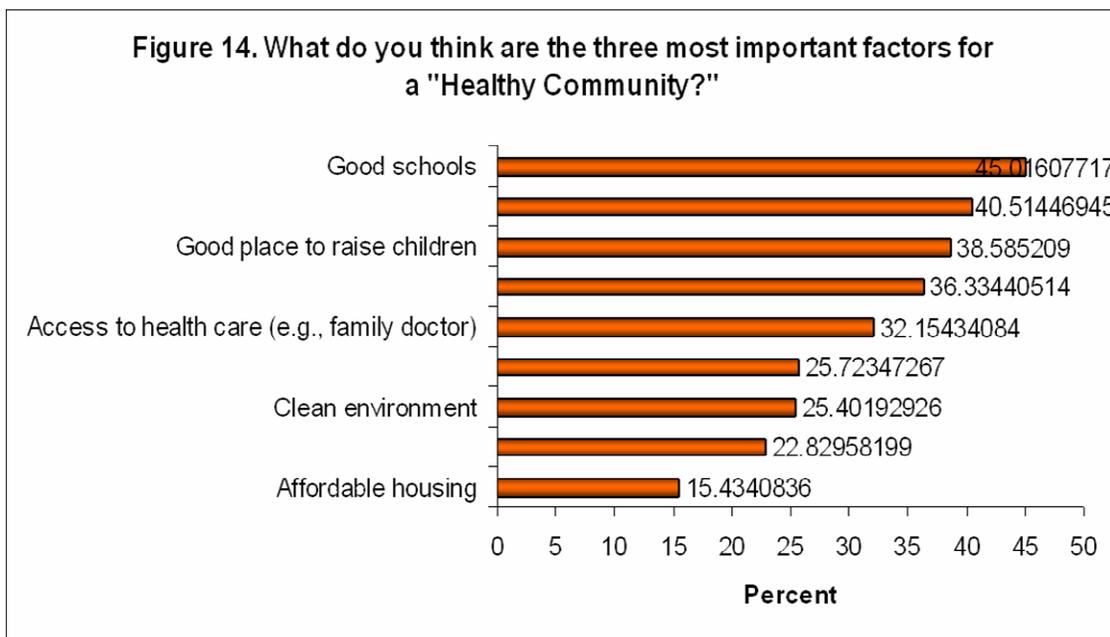


Section 5: Healthy Community

Those surveyed were asked how they would rate their community in terms of being a “Healthy Community.” The majority (50.3%) said they considered the community to be somewhat healthy. One in three said their community was either unhealthy or very unhealthy.

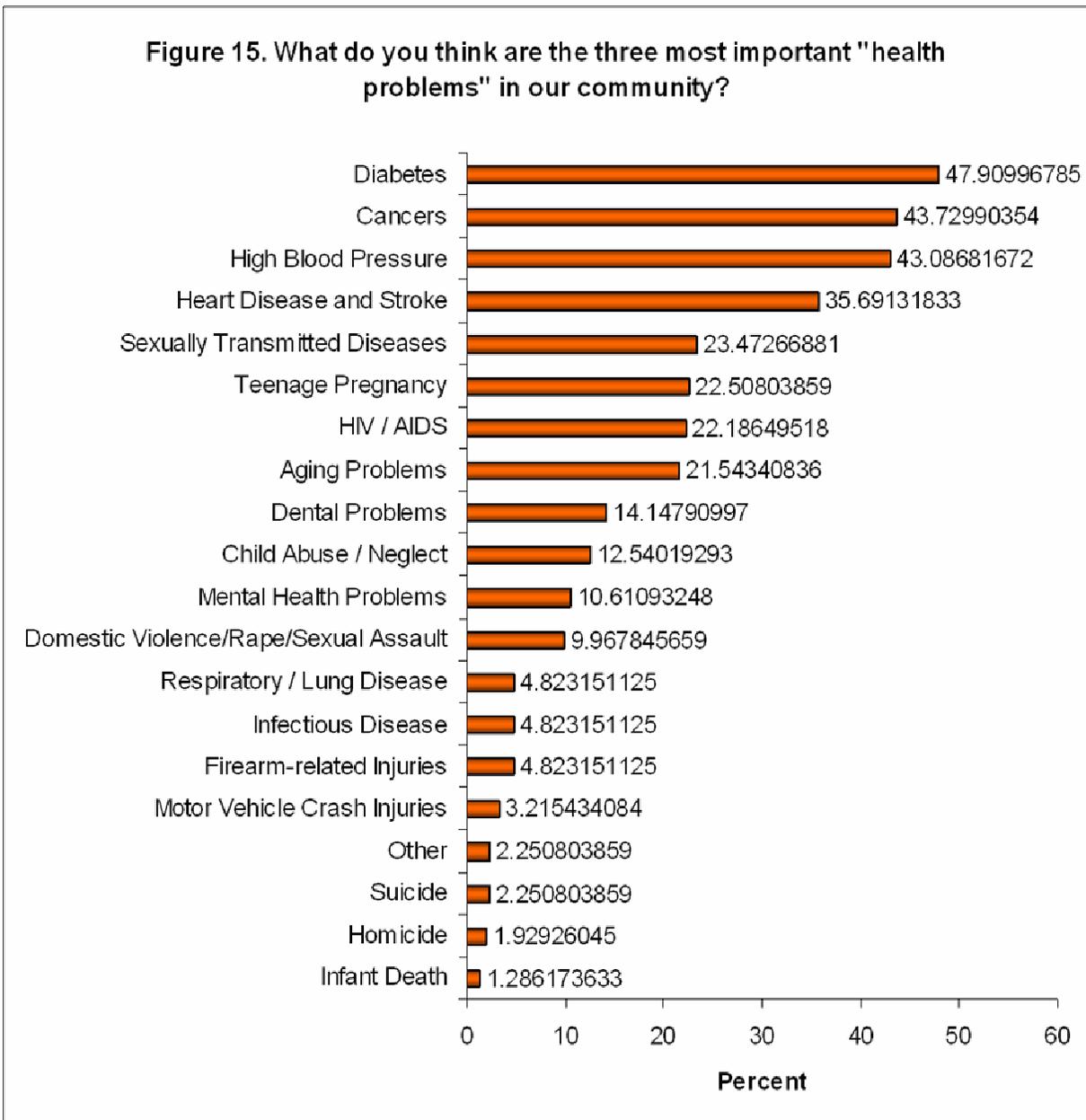


Survey respondents were also given the opportunity to select the three characteristics they believe to be most important for a “Healthy Community.” The top nine responses are shown below in Figure 13. The majority of respondents (45%) said that having good schools is the most important factor in a “Healthy Community.”



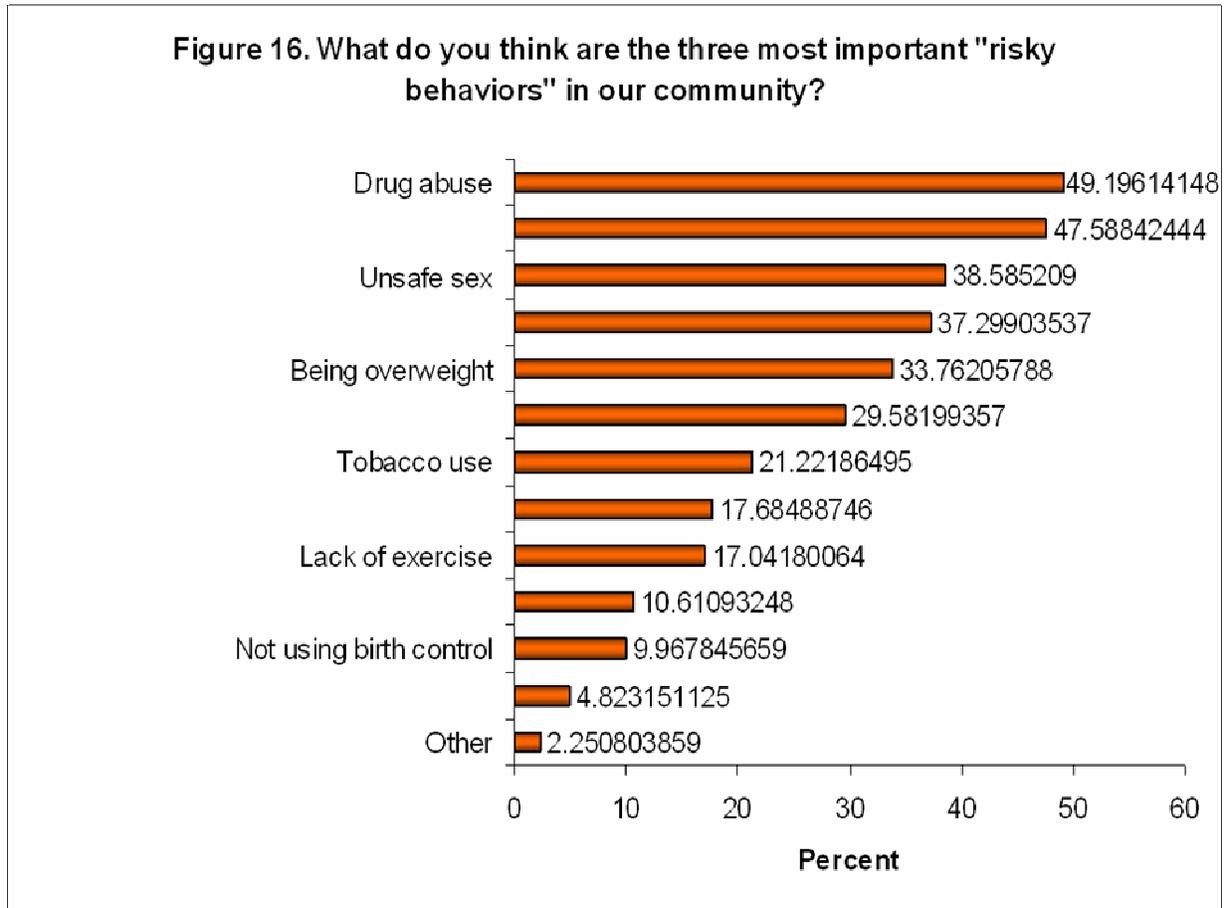
Section 6: Health Problems in the Community

Those surveyed were also asked which three “health problems” they believe have the greatest impact overall on the community. The most common response was diabetes (47.9%), followed by cancer (43.7%), and high blood pressure (43.1%).



Section 7: Risky Behaviors in the Community

Finally, the survey respondents were asked to select the three risk behaviors they feel are most important in the community. The most common response was drug abuse (49.2%), followed by alcohol abuse (47.6%), unsafe sex (38.6%), and dropping out of school (37.3%).



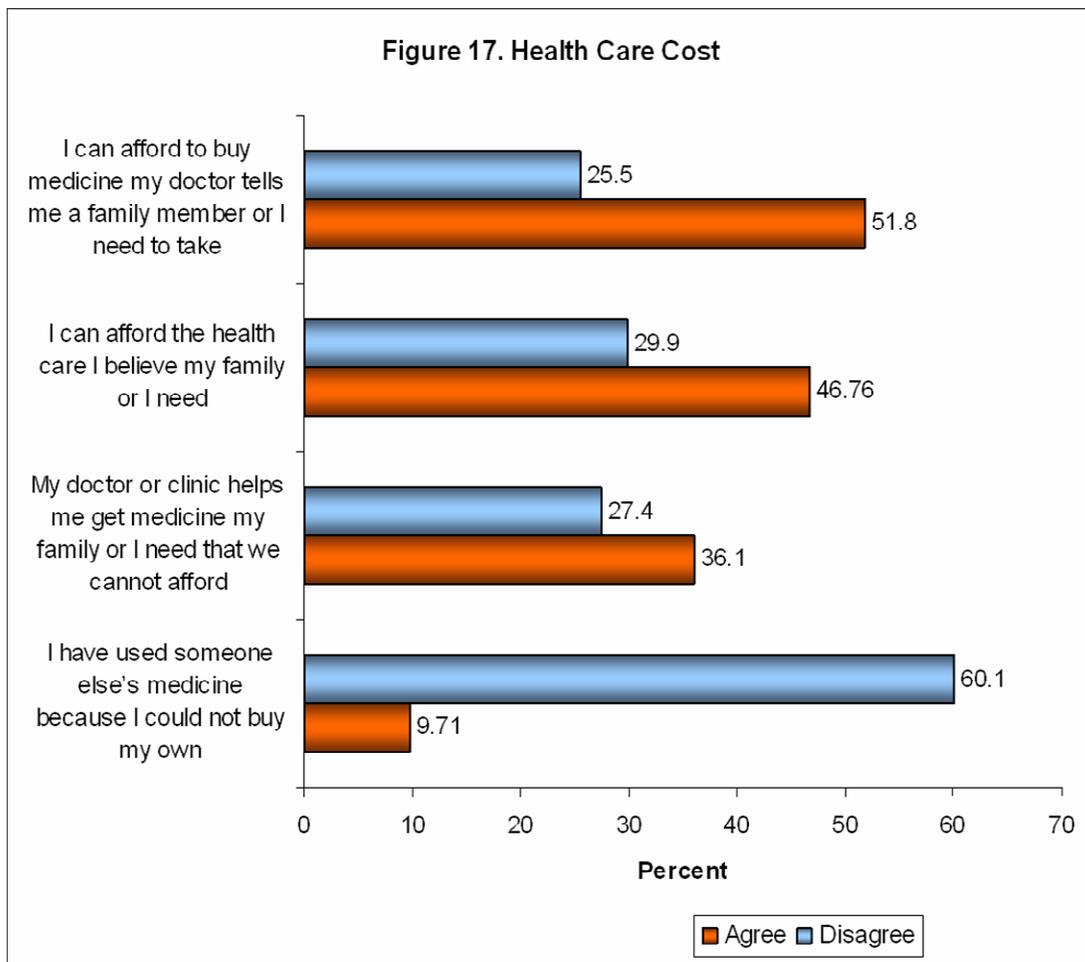
Section 8: Health Care Cost

Over half (51.8%) of residents surveyed reported that they could afford to buy medicine that has been recommended by their doctor for either themselves or a family member, while 25.5% reported they could not afford the recommended medications.

Nearly half (46.8%) of residents surveyed reported that they can afford the health care they believe their family needs.

Over one in three residents surveyed (36.1%) reported that their doctor or clinic helps them get medicine that their family needs but cannot afford.

The majority of those surveyed (60.1%) reported that they have not used someone else's medicine because they could not buy their own versus 9.7% who reported using someone else's medicine.



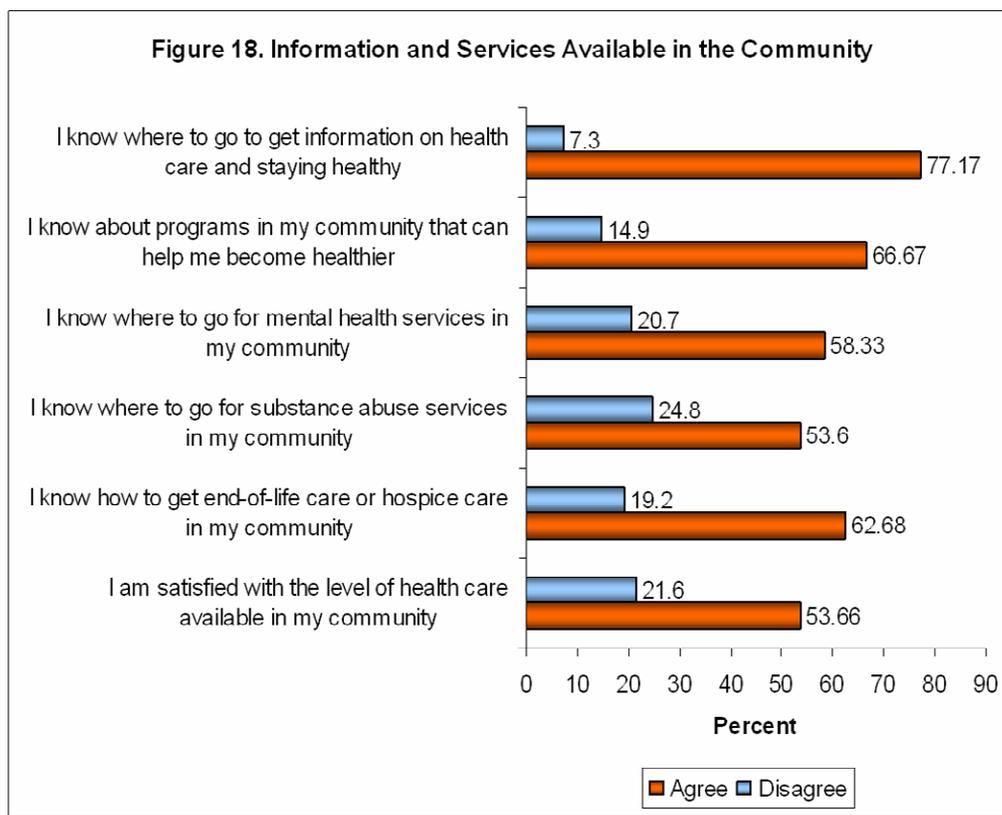
Section 9: Information and Services

Approximately 77% of survey respondents agreed that they know where to go to get information on health care and staying healthy, and only 7.3% disagreed with that statement. Nearly 67% agreed that they know about programs in their community that can help them become healthier.

Respondents were asked specifically about access to mental health services and substance abuse services in their community. Fifty-eight percent agreed that they know where to go for mental health services in their community, and 53.6% reported that they know where to go for substance abuse services in their community.

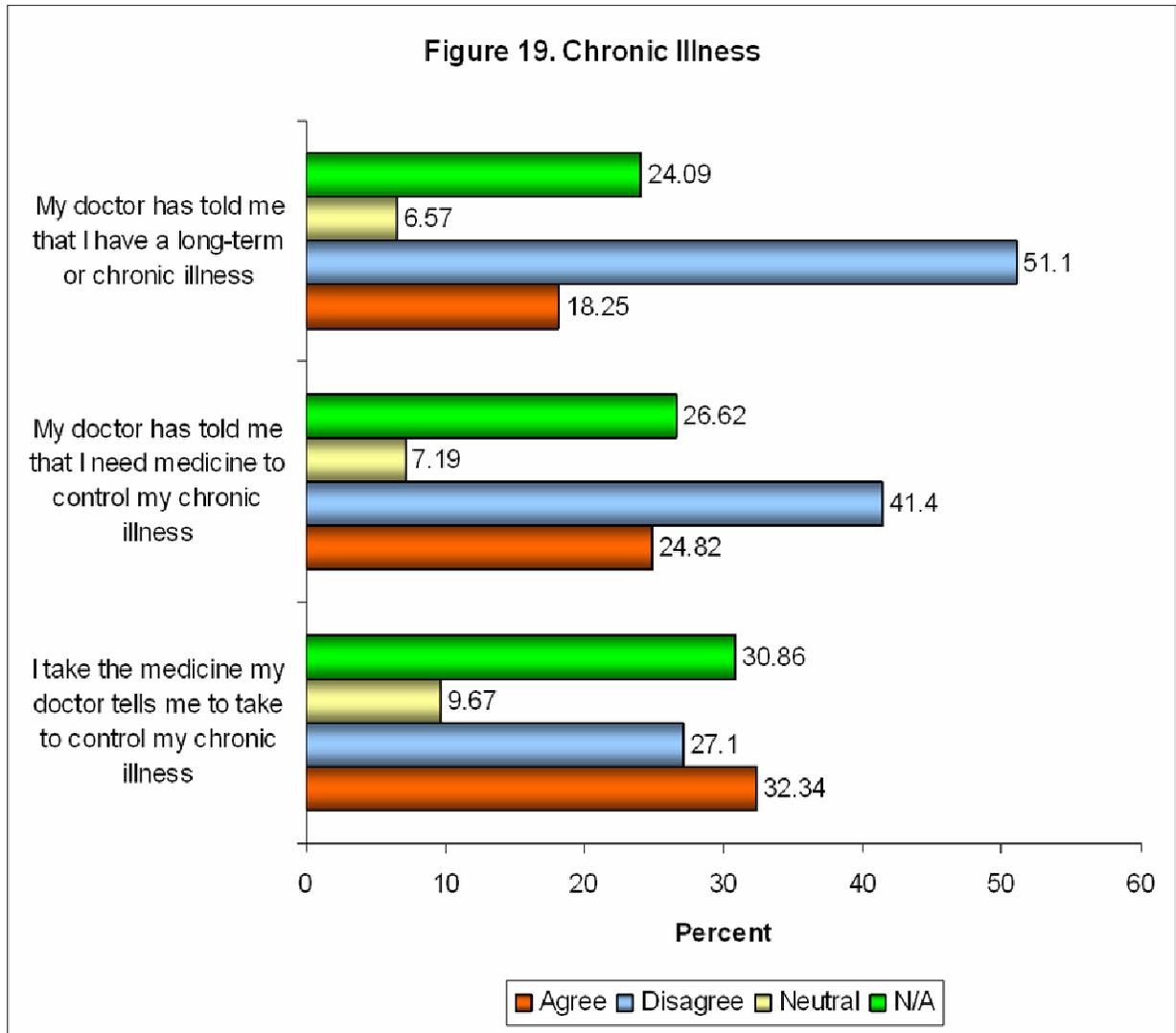
Approximately 63% of those surveyed agreed that they know how to get end-of-life or hospice care in their community.

Finally, survey respondents were asked if they would agree or disagree with the statement, "I am satisfied with the level of health care available in my community." Nearly 54% said they did agree with that statement, however, 21.6% reported that they disagreed.



Section 10: Chronic Illness

Approximately 18% of residents surveyed reported that their doctor has told them that they have a long-term or chronic illness. Nearly 25% reported that their doctor has told them that they need medicine to control their chronic illness. Approximately one in three (32.3%) reported that they take the medicine their doctor told them to take to control their chronic illness.

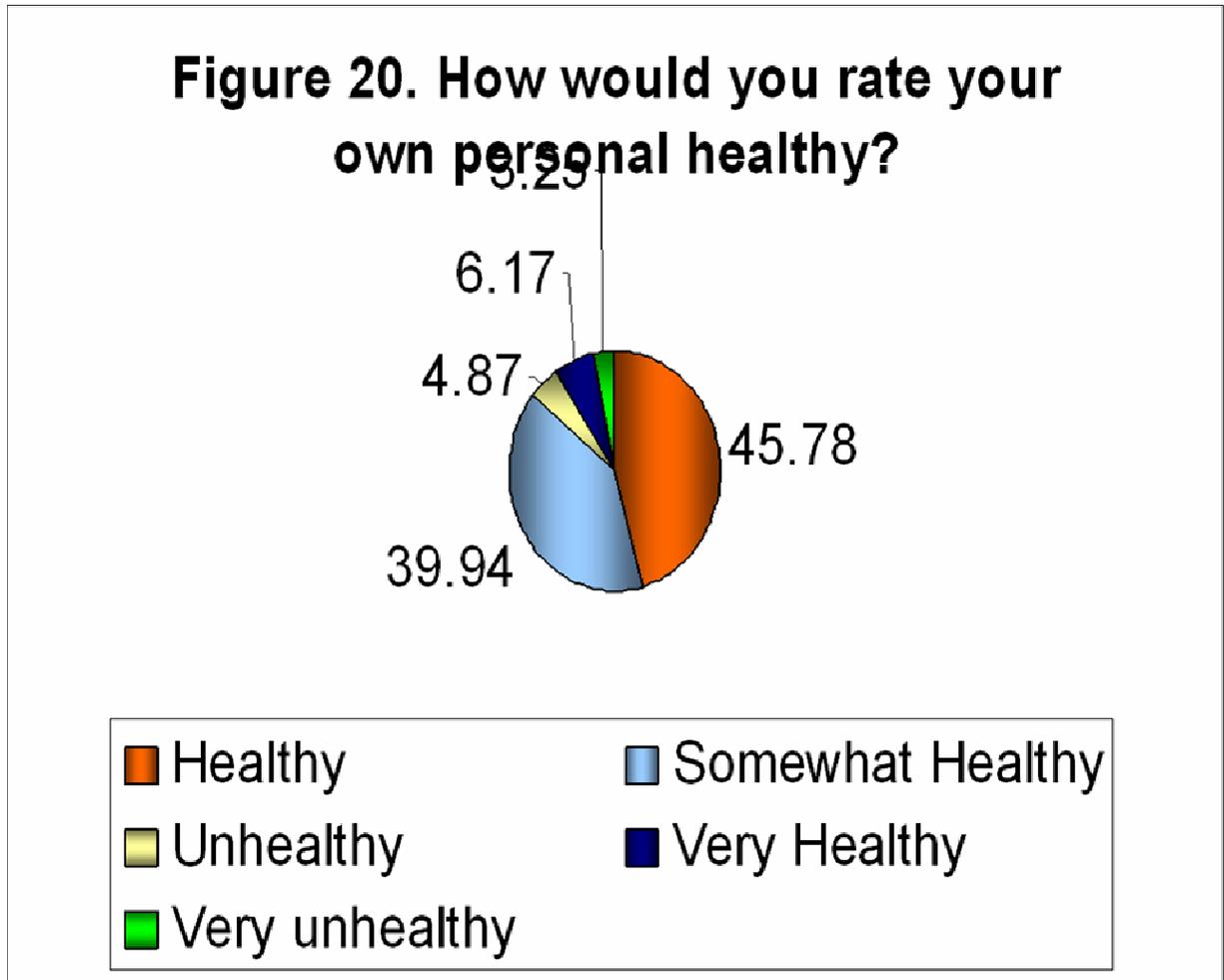


Section 11: Health Ranking

Approximately 46% of residents surveyed said that they considered themselves to be healthy, and 6.2% said that they were very healthy.

Nearly 40% of residents surveyed said that they were somewhat healthy.

On the other hand, 4.9% reported that they were unhealthy, and 3.3% reported that they were very unhealthy.



Survey



COMMUNITY HEALTH SURVEY



Your opinion is important!

Please take a few moments to complete the survey below. The purpose of this survey is to get your opinions about community health issues in the county that you live in. The results of this survey and other information will be used to identify the most pressing health problems which can be addressed through community action. If you have previously completed a survey, please don't fill out another. Thank you and if you have any questions, please contact us: JCHD (850) 342-0170 or MCHD (850) 973-5000.

Please answer the following questions so we can see how different types of people feel about local health issues.

1. What city do you live in: _____
2. Zip code where you live: _____
3. Sex: Male Female
4. What is your age? _____
5. Are you Hispanic or Latino?
 Yes No
6. Which group best represents your race?
 African American / Black Native American
 Asian / Pacific Islander White / Caucasian
 Other
7. What language do you speak at home:
 English Other _____
 Spanish
8. Marital Status:
 Married Co-habiting Not married / Single
9. Education:
 Less than high school
 High school diploma or GED
 College degree or higher
10. Are you currently?
 Employed A homemaker
 Self-employed A student
 Retired
 Out-of-work more than 1 year
 Out-of-work less than 1 year
 Unable to work
11. Household income
 Less than \$20,000
 \$20,000 to \$29,999
 \$30,000 to \$49,999
 Over \$50,000
12. How many people live in your household?
Total, including yourself _____
How many children under 18 years? _____
How many adults 18 - 64 years? _____
How many adults 65 years and older? _____
13. How do you pay for your health care? (Fill all that apply)
 Pay cash (no insurance)
 Health Insurance (Private insurance, BCBS, HMO)
 Medicaid
 Medicare
 Veterans' Administration
 Other _____
14. What kind of place do you usually go to when you are sick or need advice about your health?
 Private Clinic Doctor's office
 County Health Department Clinic
 Hospital emergency room
 Urgent Care Clinic
 Federally Qualified Health Care Clinic
 None of these places
15. Is that place:
 In state Out of state
16. What kind of place do you usually take your child when he/she is sick or need advice about their health?
 Private Clinic Doctor's office
 County Health Department Clinic
 Hospital emergency room
 Urgent Care Clinic
 Federally Qualified Health Care Clinic
 None of these places
17. Is that place:
 In state Out of state
18. Approximately how many hours per month do you volunteer your time to community service? (i.e. schools, voluntary organizations, churches, hospitals, etc.)
 None 1 - 5 hours 6 - 10 hours 10+ hours

Please share with us your experiences getting health care for yourself or your family. Read each sentence and then place a check mark in the column that matches your feelings. All of your responses are completely anonymous and confidential.

	Agree	Neutral	Disagree	NA
I have a doctor or clinic that I go to for my routine health care.				
I have had a regular physical exam during the past year.				
The doctor's office or clinic is close to my home.				
I have a car or other transportation to easily get to the doctor's office or clinic.				
I or a family member am able to get health care.				
I have a dentist that I go to for my dental care.				
I have had a dental exam or cleaning in the past year.				
The dentist's office is close to my home.				
I or a family member received dental care during the past year.				
I or a family member was unable to get dental care we need.				

2011 Jefferson and Madison County Community Health Assessment Collaborating Partners:

Big Bend Rural Health Network
Florida Department of Health

Healthy Start Coalition of JMT
Tri-County Family Health Care

Jefferson County Health Department
Madison County Health Department

Continue on back



Read each sentence and then place a check mark in the column that matches your feelings. Think about your experiences with getting health care to stay healthy for yourself and your family, as well as when you were sick and needed health care.

	Agree	Neutral	Disagree	NA
I have health insurance that covers my health care needs.				
My family's health care needs are covered by health insurance.				
Health insurance is available through my job.				
I can afford to buy health insurance through my job.				
I do not have health insurance.				
I do not want health insurance.				
I have tried to get health insurance for myself or family and could not get it.				
I or a family member had an illness that was not treated because we did not have insurance.				
I know where I can go for health care even if I don't have insurance.				
I can afford to buy medicine my doctor tells me a family member or I need to take.				
I can afford the health care I believe my family or I need.				
My doctor or clinic helps me get medicine my family or I need that we cannot afford.				
I have used someone else's medicine because I could not buy my own.				
My doctor has told me that I have a long-term or chronic illness.				
My doctor has told me that I need medicine to control my chronic illness.				
I take the medicine my doctor tells me to take to control my chronic illness.				
I know where to go to get information on health care and staying healthy.				
I know about programs in my community that can help me become healthier.				
I know where to go for mental health services in my community.				
I know where to go for substance abuse services in my community.				
I know how to get end-of-life care or hospice care in my community.				
I am satisfied with the level of health care available in my community.				

20. In the following list, what do you think are **the three (3) most important factors for a "Healthy Community?"**
(Those factors which most improve the quality of life in a community)

- | | | |
|--|--|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Clean environment | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Excellent race relations | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Strong family life | |

21. In the following list, what do you think are **the three (3) most important "health problems"** in our community?
(Those problems which have the greatest impact on overall community health)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aging problems (arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Infectious Disease (hepatitis, TB, etc) |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Homicide | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Domestic Violence/Rape/Sexual Assault | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Teenage pregnancy |
| | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other _____ |

22. In the following list, what do you think are **the three (3) most important "risky behaviors"** in our community?
(Those behaviors which have the greatest impact on overall community health)

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Racism | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Tobacco use | |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not using birth control | |

23. How would you rate our community as a "Healthy Community?"
 Very unhealthy Unhealthy Somewhat Healthy
 Healthy Very Healthy

25. In the past year, how many times have you and your family visited an Emergency Room?
 None 1 – 5 visits 3 – 4 visits 5+ visits

24. How would you rate your own personal health?
 Very unhealthy Unhealthy Somewhat Healthy
 Healthy Very Healthy

Thank you for completing this survey.





**JEFFERSON
COUNTY**

STRATEGIC PRIORITIES & GOALS

As part of the Jefferson County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) a Strategic Priorities and Goals workshop was conducted on August 16, 2012. Twenty-three community health partners participated in the workshop and identified four community health themes for Jefferson County.

BACKGROUND



As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Jefferson County, Quad R, LLC was contracted by the Florida Department of Health in Jefferson County to facilitate the Strategic Priorities & Goals workshop on August 16, 2012.

The purpose of this workshop was to identify health priorities which are impacting Jefferson County residents and to develop goal statements and strategies for each priority.

A total of 23 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Jefferson County. The list of participants can be found in Appendix 1.

METHODS



Two weeks prior to the scheduled *Strategic Priorities & Goals* workshop, community health partners were contacted by e-mail from the Florida Department of Health in Jefferson County regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda and a follow up letter further explaining the purpose and importance of the meeting.

The participants were welcomed to the workshop by the Florida Department of Health in Jefferson County Administrator, Kimberly Allbritton. Participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Jefferson County. This data included:

- Jefferson County Community Health Status Profile – Executive Summary
- U.S. Census Quick Facts for Jefferson County
- County Health Rankings
- Florida Department of Health CHARTS – Jefferson County Health Summary
- Florida Legislature, Office of Economic and Demographic Research – Jefferson County Summary (July 2012)



Participants reviewed the data individually and identified key health issues and/or needs for Jefferson County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public

health system operate within Jefferson County.

Participants were then divided randomly into five groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each group worked collaboratively to cluster their issues and identify a label for the theme or category.

Workshop participants were re-assigned to one of five breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health issues. Two groups worked independently to create a list of the *Resources* available in Jefferson County to address community health issues and concerns. Two groups separately identified the *Barriers/Challenges* impacting



community health issues and concerns in Jefferson County. The list of *Resources* and *Barriers/Challenges* are found at the end of this report.

The two lists for the *Resources* and *Barriers/Challenges* were combined. The breakout groups individually reviewed the *Priority Health Issues*, *Resources*, and *Barriers/Challenges* lists and revised as needed. Each group worked to ensure the *Priority Health Issues* were distinct categories. Eight health issues were identified:

- Chronic, Infectious, Preventable, Controllable Diseases
- Limited Educational Resources
- Unsafe Practices
- Poor Health Behaviors and Healthy Lifestyle Choices
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Accountability

Workshop participants self-selected into one of the eight health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once



each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for the other seven issues. Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process.

Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The results of the groups' efforts are at the end of this report. The goals and strategies developed during the workshop are found on the following pages. The priority issues included:

IDENTIFICATION OF PRIORITIES & GOALS

Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	1. Educate & increase awareness of importance of healthy life styles & change unhealthy behaviors.	<p>Timeline 5 years</p> <p>Lead & Team Members TBD</p> <p>Resources Florida Department of Health in Jefferson County Extension Children's Medical Services (CMS) Faith-based groups Hospital based education</p>
		2. Provide chronic disease educational classes.	<p>Timeline Immediate- 1 year</p> <p>Lead & Team Members Qualified health Local physicians Health Care providers</p> <p>Resources Florida Department of Health in Jefferson County Tallahassee Memorial Hospital Gerry Medical Center</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases (continued)	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	3. Provide sex education to age specific groups.	<p>Timeline Immediate</p> <p>Lead & Team Members Bill Brumfield School Board Florida Department of Health in Jefferson County educators Family organizations</p> <p>Resources Florida Department of Health in Jefferson County Schools Extension</p>
		4. Increase awareness of importance of healthy lifestyle.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases (continued)	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	5. Provide incentives to encourage participation in healthy activities.	Timeline TBD Lead & Team Members TBD Resources TBD
		6. Implement evidence – based strategies to improve health literacy.	Timeline TBD Lead & Team Members TBD Resources TBD

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Educational Resources	All persons in Jefferson County will have access to higher quality education.	1. Increase educational services available.	<p>Timeline 3 years</p> <p>Lead & Team Members School board County elected officials Adult Education leader</p> <p>Resources Extension</p>
		2. Improve school readiness.	<p>Timeline 1-2 years</p> <p>Lead & Team Members Professionals from local organizations Faith-based leaders County elected officials</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Educational Resources (continued)	All persons in Jefferson County will have access to higher quality education.	3. Increase graduation rates from high school.	<p>Timeline 1 – 3 years</p> <p>Lead & Team Members School board</p> <p>Resources Department of Education County school officials Federal laws</p>
		4. Improve the quality & accountability of Jefferson County schools.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Unsafe Practices	All persons living in our community will live in a safe environment.	1. Increase enforcement & accountability for moving violations (Motor Vehicle Accidents/speeding).	<p>Timeline Ongoing</p> <p>Lead & Team Members Jefferson County Sheriff's Office (JCSO) Monticello Police Department (MPD)</p> <p>Resources Up staff</p>
		2. Educate community to promote safe behavior, including the importance of the use of vehicle safety devices, and farm safety.	<p>Timeline Ongoing</p> <p>Lead & Team Members Schools CAD Faith-based organizations Everyone Extension service Law enforcement</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Unsafe Practices (continued)	All persons living in our community will have a safe environment.	3. Increase awareness & services for victims of neglect (elder, spousal, children).	<p>Timeline Immediately and ongoing</p> <p>Lead & Team Members Department of Children & Families (DCF) Elder Affairs Faith-based organizations Senior Center Florida Department of Health in Jefferson County Jefferson County Sheriff's Office (JCSO) Monticello Police Department (MPD)</p> <p>Resources TBD</p>
		4. Work with faith-based organizations to promote safe behavior.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Poor Health Behaviors and Healthy Lifestyle Choices	Empower people in our community to make healthy choices and live in a healthy community.	1. Provide education on healthy nutrition choices.	<p>Timeline 1 year</p> <p>Lead & Team Members TBD</p> <p>Resources WIC Schools Florida Department of Health in Jefferson County Extension office Physician's office Faith-based organizations</p>
		2. Increased social support for physical fitness opportunities.	<p>Timeline 1 year</p> <p>Lead & Team Members Schools</p> <p>Resources Faith-based organizations Schools Extension office</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Poor Health Behaviors and Healthy Lifestyle Choices (continued)	Empower people in our community to make healthy choices and live in a healthy community.	3. Establish community partnerships to enhance participation of target populations.	<p>Timeline 1 year</p> <p>Lead & Team Members TBD</p> <p>Resources Faith-based organizations WIC Extension office Healthy Start Florida Department of Health in Jefferson County Civic clubs</p>
		4. Provide affordable fruits & veggies for all families in Jefferson County.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Healthcare/Limited Access	All people within our community will have access to quality (safe, effective, people-centered, timely, efficient, equitable) and affordable healthcare and other services.	1. Increase (healthcare) services to underserved populations in Jefferson County.	<p>Timeline TBD</p> <p>Lead & Team Member TBD</p> <p>Resources TBD</p>
		2. Offer non-traditional, extended hours of operations at existing facilities.	<p>Timeline 6-12 months</p> <p>Lead & Team Members Tallahassee Memorial Hospital Family Planning (TMHFP) Tri County Federally Qualified Health Center (FQHC) Florida Department of Health in Jefferson County Private providers</p> <p>Resources Individual providers/ staff</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
<p>Limited Healthcare/Limited Access (continued)</p>	<p>All people within our community will have access to quality (safe, effective, people-centered, timely, efficient, equitable) and affordable healthcare and other services.</p>	<p>3. Determine/evaluate the reasons why Jefferson County residents are not accessing services.</p>	<p>Timeline 6 months</p> <p>Lead & Team Members Florida Department of Health in Jefferson County</p> <p>Resources Staff</p>
		<p>4. Provide transportation to healthcare facilities.</p>	<p>Timeline TBD</p> <p>Lead & Team Member TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health	All children born in Jefferson County will be born healthy.	1. Provide preconception education to all women of child bearing age.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Florida Department of Health in Jefferson County Healthy Start Coalition (HSC) Tallahassee Memorial Hospital Federally Qualified Health Center Capital Regional Medical Center Jana Grubb's Shoppe</p> <p>Resources Staffing Funding</p>
		2. Educate pregnant women on the importance of maintaining obstetrical care during pregnancy.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Chief Health Officer (CHO) Healthy Start Coalition (HSC) Tallahassee Memorial Hospital Federally Qualified Health Center Capital Regional Medical Center</p> <p>Resources</p>

			Staffing & Funding
Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health (continued)	All children born in Jefferson County will be born healthy.	3. Teach parents how to discuss sexuality with their children.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Florida Department of Health in Jefferson County Tallahassee Memorial Hospital (TMH) Federally Qualified Health Center (FQHC) Capital Regional Medical Center (CRMC)</p> <p>Resources Staffing Funding</p>
		4. Educate women (girls) on the importance of early prenatal care.	<p>Timeline TBD</p> <p>Lead & Team Member TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health (continued)	All children born in Jefferson County will be born healthy.	5. Elect a Board of Education that will support the above strategies.	Timeline TBD Lead & Team Member TBD Resources TBD

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
<p>Breaking the Cycle</p>	<p>All families and individuals in Jefferson County will live above Federal Poverty level.</p>	<p>1. Develop a community- based strategic plan with input from parents, business, government entities and civic organizations to improve the educational system in Jefferson County.</p>	<p>Timeline 2 years</p> <p>Lead & Team Members Superintendent County/City government School Board Civic organization members Parents Community members</p> <p>Resources Schools Whole Child Civic organizations PTA 4-H Head Start Early Head Start (EHS) Early Learning Coalition (ELC) Healthy Start School Board County/City government</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Breaking the Cycle (continued)	All families and individuals in Jefferson County will live above Federal Poverty level.	2. Promote economic development.	<p>Timeline Now</p> <p>Lead & Team Members Julie Conley Dick Bailar Bank officers Chamber member(s) County/City government</p> <p>Resources TBD</p>
		3. Encourage faith-based organizations to promote personal responsibility.	<p>Timeline 1 year</p> <p>Lead & Team Members Pastors & Deacons Workforce</p> <p>Resources Churches Florida Department of Health in Jefferson County Extension office Whole Child Civic organizations</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Breaking the Cycle (continued)	All families and individuals in Jefferson County will live above Federal Poverty level.	4. Promote a motivated and prepared workforce.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Accountability	To have a coordinated system of healthcare and health promotions through collaboration and partnership.	1. Develop effective community partnerships.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Florida Department of Health in Jefferson County Tallahassee Memorial Hospital Jefferson County School Board County Commission Jefferson County library Faith-based organizations</p> <p>Resources TBD</p>
		2. Seek governmental participation in developing healthcare partnerships.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Florida Department of Health in Jefferson County Shared Services Local government</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Accountability (continued)	To have a coordinated system of healthcare and health promotions through collaboration and partnership.	3. Develop a social networking campaign.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Shared services</p> <p>Resources Manpower</p>

Health Policies

Within the state of Florida, there are numerous policies which can be used to impact health issues within Jefferson County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Health Risk Factors	Florida Law	Description
Chronic Disease & Mortality		
Cancer (e.g., lung prostate, breast)	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Cluster/Outbreak
	FS 385.202	Requires Providers To Report To Florida Cancer Registry
	FS 385.103	Chronic Disease Community Intervention Programs
	FS 385.206	Hematology-Oncology Care Center Program
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS 385.103	Chronic Disease Community Intervention Programs
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Programs
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Programs
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership
	FS 385.204	Insulin; Purchase, Distribution; Penalty For Fraudulent Application For And Obtaining Of Insulin
	FS 385.103	Chronic Disease Community Intervention Programs

Health Risk Factors	Florida Law	Description
Chronic Disease & Mortality (continued)		
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida's Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
	FS 327.35	Boating under the influence; penalties; "designated drivers"
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)

	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak
Health Risk Factors	Florida Law	Description
Communicable Diseases (continued)		
Vaccine Preventable Disease	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To

		Florida Public Schools, Including Exemptions
Sexually Transmitted Infections	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031 (1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing

Health Risk Factors	Florida Law	Description
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide

		Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services
Health Risk Factors	Florida Law	Description
Health Resource Availability (Access & Resources)		
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.

	FAC 64F-16.006	Sliding Fee Scale
	FS 296.31	VETERANS' NURSING HOME OF FLORIDA ACT
Social & Mental Health		
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education And Prevention Program
	FL Constitution, Article IX, Section 1	Public Schools; Education Of All Students
	FS Title XLVIII	K-20 Education Code (FS 1007 - Access)
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent And Retired Senior Volunteer Services To High-Risk And Handicapped Children
	FS Title XXX, Chapter 409	Social And Economic Assistance, Part I
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs: Alzheimer's Disease Services
	FS Title XXIX, Chapter 394	Mental Health
	Florida Law	Description
Social & Mental Health (continued)		
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability

Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

SUMMARY/KEY FINDINGS



The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Jefferson County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Jefferson County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. *Breaking the Cycle, Accountability, and Limited Healthcare/Limited Access* were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Jefferson County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Jefferson County and the state of Florida also present the need to address language and cultural barriers. *Unsafe Practices and Limited Educational Resources* are priority issues which impact the health of Jefferson County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Chronic, Infectious, Preventable, Controllable Diseases, Poor Health Behaviors and Healthy Lifestyle Choices, and Maternal/Child Health* are priority issues which impact and are impacted by the other health issues identified in the workshop.



Because there are eight Priority Issues, it is recommended that those representing similar health outcomes be combined. For example, *Unsafe Practices, Chronic, Infectious, Preventable, Controllable Diseases* and *Poor Health Behaviors and Healthy Lifestyle Choices* represent areas of a *Healthy Community* and have similar health outcomes. *Limited Educational Resources* and *Accountability* have strategies which represent community outreach and education and should be combined into a *Health Education* area.

In addition, the strategies within each Priority Issue should be reviewed, as some of the strategies would be better represented under a different Priority Issue. For example, the Priority Issue *Chronic, Infectious, Preventable, Controllable Diseases* has several strategies related to education and community outreach which would “fit” with the strategies represented by the *Limited Educational Resources* and *Accountability* issues.

By combining “like” health outcomes for the eight Priority Issues, the result would be:

- Health Education
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Healthy Community

In summary, these strategic priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Jefferson County community. These strategic priorities and goals impact multiple sectors of the Jefferson County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

MEETING NOTES

Priority Issue: A Healthier Population
Goal: Residents of Jefferson County will be empowered to prevent and control chronic and infectious diseases.
Strategies: <ul style="list-style-type: none">• Educate for change in harmful behaviors.• Increase awareness of importance of healthy lifestyle.• Provide incentives to encourage participation in healthy activities.• Provide chronic disease educational classes.• Implement evidence – based strategies to improve health literacy.
Notes: <ul style="list-style-type: none">• Chlamydia high• STD education for teens in schools• STD'S• Sexual abstinence• HIV/AIDS awareness in schools• Chronic disease• Health screening• Education and poverty• Over weight and obesity in adults and youths• Cancer related deaths• Asthma• Respiratory problems• Stroke age adjusted deaths• Heart disease (Blood Pressure, cholesterol)• Melanoma death & incidence rate• Adults diagnosed with high cholesterol• Hospitalizations for diabetes related amputations• Congestive heart failure• Lack of adult physical activity

Priority Issue: Limited Education Resources
Goal: All persons in Jefferson County will have access to high quality education.
Strategies:

- Increase educational services available in Jefferson County.
- Improve school readiness.
- Improve the quality & accountability of Jefferson County schools.
- Increase graduation rates from high school.

Notes:

- Outstanding Facilitator Program (OFP) in schools
- Illiteracy
- Lack of education
- Population with no GED or high school diploma
- School is grade F
Education
- Poor culture for education (not valued)
- Health literacy
- Low mind set
- Lack of sex education in schools
- Lack of after school/ out of school programs
- Food safety got agencies/ groups who serve good but not business
- Need of empowerment of each individual to be in charge of healthiness/ intervention of persons to achieve healthiness

Priority Issue: Unsafe Practices

Goal: All persons living in our community will have a safe environment.

Strategies:

- Increase enforcement and accountability for moving violations (MVA/speeding).
- Work with faith-based organizations to promote safe behavior.
- Educate community on importance of use of vehicle safety devices, farm safety, i.e. car seats, seat belts.
- Increase awareness and services for victims of neglect (elder, spousal, children).

Notes:

- Safety
- Poor driving practices
- Unintentional injuries(falls)
- Motor Vehicle Crashes (MVC) injury/mortality in kids
- Domestic violence assault
- Motor Vehicle Crashes (MVC) death rate
- Aggravated assault rate up
- MV crashes
- DUI

Priority issue: Healthy Lifestyle Changes

Goal: Empower people in our community to make healthy choices and live in a healthy community.

Strategies:

- Provide education on healthy nutrition choices.
- Establish community partnerships to enhance participation of target populations.
- Increase social support for physical fitness & awareness & healthy lifestyle options.
- Provide affordable fruits & veggies for all families in Jefferson County.

Notes:

- High alcohol use
- Obesity
- Diabetes up
- Adults with no vigorous physical activity
- Poor preventative health maintenance behaviors
- No leisure time activity & 5 servings fruit & vegetables
- Enteric disease for children under 6
- Preventable health problems/ behaviors
- Lack of culture of health promotion
- Smoking/ tobacco use
- Physical activity
- Asthma
- Fruit vegetable consumption
- People have to travel too far to buy decent food
- Fast food
- Access to healthy foods
- Nutrition
- High rate of middle and high school are overweight
-

Priority Issue: Limited Healthcare

Goal: All people with in our community will have access to quality, affordable healthcare and other services.

Strategies:

- Increase healthcare services to underserved population in Jefferson County.
- Offer non-traditional/ extended hours of operation for existing facilities.
- Provide transportation to healthcare facilities.
- Evaluate healthcare facilities/staff/services to ascertain why residents are not accessing services.

Notes:

- Safe
- Effective
- Patient centered/ people centered
- Timely

- Efficient
- Equitable
- Lack of access to behavioral/mental health services
- Lack of home healthcare
- Number of dentists
Uninsured
- Not enough youth recreation activities
- Hospital
- Mental status
- Adult physical activity
- Residents below poverty
- Lack of healthcare
- Preventable hospital visits
- Behavioral health
- Dental
- Family physicians
- Transportation
- Shortage of physicians & dentists
- Social support
- Access to healthcare & other services
- Mobile units to under serve communities

Priority Issue: Maternal/Child Health

Goal: All women of child bearing age will have access to education & maternal child healthcare services.

Strategies:

- Provide preconception education to all women of child bearing age.
- Educate pregnant women on the importance of maintaining obstetrical care during pregnancy.
- Educate women (girls) on the importance of early prenatal care.

<ul style="list-style-type: none"> • Teach parents (guardians) to discuss sexuality w/ their children. • Elect a board of education that will support the above strategies.
<p>Notes:</p> <ul style="list-style-type: none"> • Births to unwed mothers • Prenatal care • Repeat birth to teens • Neonatal/infant death • Teenage pregnancy • Infant morality • Premature births

<p>Priority Issue: Breaking the Cycle</p>
<p>Goal: All families and individuals living in Jefferson County will live above FPL(Federal Poverty Level).</p>
<p>Strategies:</p> <ul style="list-style-type: none"> • Develop a community – based strategic plan with input from parents, businesses, government entities and civic organizations to improve the educational system in Jefferson County. • Promote economic development. • Encourage faith- based organizations to promote personal responsibility. • Promote a motivated and prepared workforce.
<p>Notes:</p> <ul style="list-style-type: none"> • Poverty • Jefferson County ranked 46 out of 67 in health outcomes • Single parent homes • Children born into households that can't support the child's thriving • A resident below poverty level affects (food purchased, stress, access to service, etc.) • Difference in income between have's & have not's. • Unemployment • Being banked, high rates/under banked • Income levels

<p>Priority Issue: Accountability</p>
<p>Goal: To have a coordinated system of healthcare and health promotion through collaboration and partnerships.</p>
<p>Strategies:</p> <ul style="list-style-type: none"> • Develop effective community partnerships. • Seek governmental participation in developing healthcare partnerships. • Develop a social networking campaign.
<p>Notes:</p>

- Community collaboration's partnerships
- Need for cerebral resource directory
- Gov't and community collaboration
- County commissioners don't care about supporting opportunities for the poor

Jefferson County Available Community Health Resources

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| <ul style="list-style-type: none"> • Chamber events: <ul style="list-style-type: none"> ○ Watermelon festival ○ Southern music rising ○ Chili cook-off ○ Boo-fest • Department of Children & Family Services • Extension office • Faith-based churches • Florida A&M University (FAMU) • Federally Qualified Health Center (FQHC) <ul style="list-style-type: none"> ○ Florida Department of Health in Jefferson County ○ Healthcare center • Florida State University (FSU) • Library • Opera house • Tallahassee Community College - Gazni Health Center • Tallahassee Memorial Health Care • Law Enforcement Officer (LEO) • Emergency Medical Services (EMS) • Early Learning Coalition (ELC) • Tallahassee Memorial Hospital (TMH) • Capital Regional Medical Center (CRMC) • Capital Health Plan • Volunteer Income Tax Assistance (VITA) • Parks & Recreation • Ted Turner Foundation • WIC • Home Healthcare • Community gardens • Local food banks | <ul style="list-style-type: none"> • Civic organizations: <ul style="list-style-type: none"> ○ Rotary ○ Alturas ○ Lions ○ Kiwanis ○ Eastern Stars ○ Retired teachers ○ Crazy quilters • Whole Child • Schools - all levels • Head Start Coalition <ul style="list-style-type: none"> ○ Early Head Start ○ Early Start - Infant screening • Early Learning Coalition (ELC) • United Way • Capital City Bank <ul style="list-style-type: none"> ○ 2nd Chance • Senior Center • Tobacco-free Partnership <ul style="list-style-type: none"> ○ Students Working Against Tobacco (SWAT) • 4-H • Apalachee center • Disc Village • Children's Medical Services (CMS) • Workforce Plus • Local dentist • Shared Services Network • Court administration • Guardians Ad litem Program • Refuge House • Farmers market • Capital Area Community Action Center (CACC) • County – wide screening event • Boy Scouts |
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<ul style="list-style-type: none"> • Parent/child Home Program • Gerry Medical Center • English for Speakers of Other Languages (ESOL) • Prescription asst. • “Quit smoking now” • Chamber of commerce • Senior citizen center 	<ul style="list-style-type: none"> • Girl Scouts • Brownies • Cub Scouts • Adult education • Healthy Ways • 21st Century Afterschool Program • Pharmacies
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Challenges/Barriers	
<ul style="list-style-type: none"> • Adult-education • County governmental lack of support and acknowledgement of problems • Education • F schools • Lack of insurance • Lazy (some), no motivation • Limited access • Money (no grants) • No incentives • Non-compliance • Poverty • Rural (isolation) • Transportation • Unwilling to change • Bible belt • Lack of youth activities • Self-advocacy skill/empowerment 	<ul style="list-style-type: none"> • Community center/civic center for (recreational & other community functions) • Coordinated referral system • Lack of healthcare providers including specialist • Lack of social service providers • No local hospital • No mental healthcare • Cultural diversity awareness(Hispanics, Haitians, Southeast Southern values) • Culturally appropriate (materials & info messages) • Health literacy - understanding & reading level • Individual responsibility to own health (lack of acceptance) • Lack of financial/budgeting education • Lack of parent involvement • Lack of technology access



Jefferson County Community Health Assessment

Final Report 2012

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Florida Department of Health

